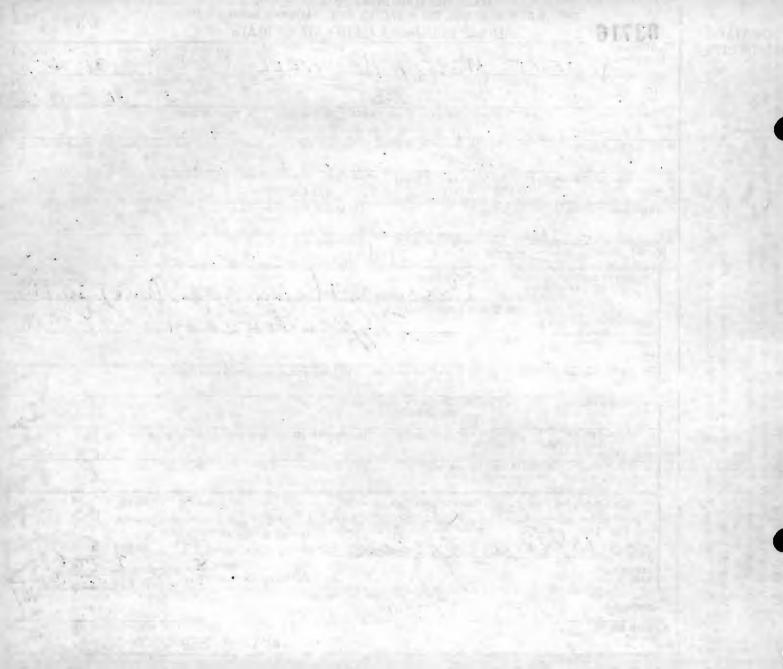
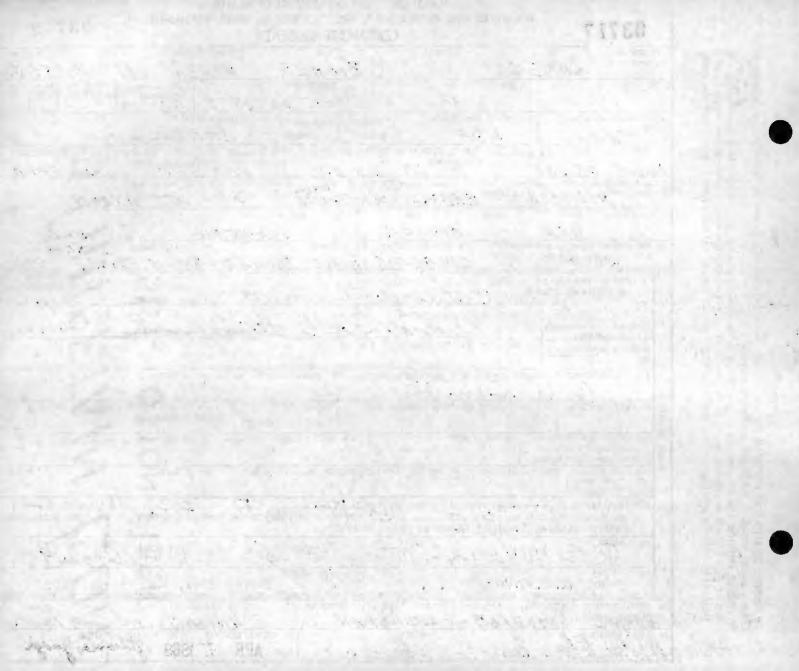
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03710 CERTIFICATE OF DEATH 1. DECEASED-NAME CV First Middle and 2 death. Barley 20. DATE OF DEATH executed within 24 hours after deoth. 2b. HOUR Franklin funeral 1 and (Type or print) hillip Month Yeor rs. Pages I w 3. SEX 4. RACE S. DATE OF BURTH 6. AGE (In years IF UNDER 1 YEAR SE UNDER 24 HRS last birthday) DAYS 01/01/9/1 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED IX NEVER MARRIED 9. COUNTY OF DEATH (country) Indiana popers. U.S.A. WIDOWED [ DIVORCED | CARROLT. filled within TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
construction wkr remove corbon INDUSTRY Sykesville completely Springfield State 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 18b. COUNTY 3306 Rueckert Avenue YES TO NO Balto. Maryl and and in ony 14. FATHER'S NAME First Middle Lost pylo IS. MOTHER'S MAIDEN NAME First Middle Lost CHARLES BARLEY NORA COON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? OR ATTENDING PHYSICIAN: The low requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) I fif yes give wor or dates of service) removal, 181-12-7921 Hospital Records no APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic heart disease 10 IMMEDIATE CAUSE (o) yrs cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) buriol-transit Coronary artery sclerosis vrs rise ta immediate cause (o). DUE TO, OR AS A CONSPOUENCE OF stoting the underlying couse burial Embolism in right pulmonary artery min. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be retained by the hospital or attending CBS associated with cerebral arteriosclerosis without qualifying phrase os the prior to 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **DIRECTOR:** After this certificate has CAUSES OF DEATH? YES 🔣 NO [ be detached far use State Dept. of Health 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote While Not while of work 22a. I **certify** that (DC(this haspital) attended the deceased from saw the deceased alive an 3/20/19 69 19 69 , that ON (we) last 19\_67 . ta 3/20 19 6 and that in (Ny) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated above, ( (we) (did) ( we) view the bady after death. 225. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) 5501A SARRIL RA. BAUTE MD 21206 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY (County) (Stote) BuriaT 3/24/69 Dulaney Valley Baltimore, Maryland 24. FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 Leonard J Ruck Inc. Baltimore, Maryland

21750 e Marian scientification and rectangularity English tel: patential the state of the s To the state of th ALCOHOLD BURNEY The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03711 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. DECEASED-NAME First 2a. DATE KNOWN (Type or Print) OF ESTI-DEATH MATED Page partment AGE (In years 3 SEX 2c DATE PRONOUNCED DEAD 2, and PM3. last birthday) 5 ZYRS MARRIED WHEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.] INDUSTRY hours after 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER ARL COUNTY 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle 24 haurs pencil in Chief Medical Examiner's pages 17. INFORMANT 160 WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no. or upknown) Fig APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a), shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 4 shauld be farwarded to the .⊆ This certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 50 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO Y 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote County factory, office building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian death resulted from: Natural causes Suicide [ Hamicide Undetermined manner Accident ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER. **EXAMINER'S** 5 may TO FUNE Health LOBRESS ( Myloury Was low in NAME (Type) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 25a. REC'D BY 25b. **EUNERAL DIRECTOR** REQUSTRAR'S SIGNATURE 1969





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03719		, 301 W. PRESTON STREET, I	BALTIMORE, MARYLAND 21201 FH	03714
1. DECEASED-NAME Fit (Type or print)		los Carlisle	20. DATE OF DEATH Month	Doy Year 2b, Hour
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
female	white	3-11-188	lost birthday)	MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
(obnity) Maryland	U.S.A.	WIDOWED DIVORCED 1		Md.
10. CITY OR TOWN OF DEATH Sykesville-mir	al give street oddress)	State Unen	USUAL OCCUPATION (Kind of work doning most of working life, even if retired	12b. KIND OF BUSINESS OR INDUSTRY HOME
odmission) STATE Marylan	d lived, if institution: Residence before	Baltimore YES	-101 210 220	ward St.
14, FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN N		Lost
Benjamin	Spicer		ary	Francis Sincla
tro, me, or ominioning	wor or dates of service)		Address	ille, Md.
no	219-16-39		Hospitla Jykesv	APPROXIMATE INTERVAL
PART I. DEATH WAS CAU	only one couse per line for (o), (b), and (c)		Over b	OFTWEEN ONSET AND DEATH
LL 2 D	DIATE CAUSE (o)	OHE. PHEU MC	NIT	OHYS.
Conditions, if ony, which gov	DUE TO, OR AS A CONSEQUENCE OF	UF.		mcs.
rise to immediate couse (o stating the underlying cous	(p) Obstandic (p)			
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PART 2. OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(0)	
2				
190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDING: CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
G OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. Month Doy Year miner) P.M.	9	(Enter noture of injury in Port 1 or Port	2, Item 18.)
21d. INJURY OCCURRED While Not white at work	e. PLACE OF INJURY ( AT HOME, FARM, STREET, F/ OFFICE BUILDING, ETC.			County State
22o. I certify that (1)	this hospital) attended the decease olive on 3-8-	sed from 7-25	19_67, to3_8,	19_69 , that (we) lost
sow the deceosed	olive on 3-8- ve, (1) (we) (did) (did not) view the	body ofter death.	) opinion deom occurred on the	note and nout ong trom the
225. SIGNATURE	A A		22	2c. DATE SIGNED
Doc 1	Junta	DEGREE PHYS.	DIRECTOR DISTAFF	
22d. PHYSICIAN'S NAME (Type) Naci	N. Buyukunsal, M.D.	22e. ADDRESS Spingf	ield Hosp. Sykesv	ville, Md.
TIGOT				
	3-11-69 St. M	CEMETERY OR CREMATORY	23d TOCATION (City or Town)	(County) (Stote) MI

MAKTLAND STATE DEPARTMENT OF HEALTH



	US	720	DIVISION	OF VITAL RECORDS				IMORE, MA	RYLAND 21201	0371	5
					CEKTIF	ICATE OF	DEATH				
death.	DECEASED-NAI     (Type or prin	1)		Middle		Last		2a. DATE OF	DEATH		2b. HOUR
deat and deot		Glad		Helen		Carls		3	Month 17 Day	69 Yeor	12:15M
The Terminal	3. SEX	440	4. RACE			5 DATE OF			6 AGE (In years birthday)	FUNDER 1 YEAR	F JNDER 24 HRS.
Z 2 2		ale		white		12/	/27/92		76 YRS	MONTHS DAYS	HOURS MIN
100 mo	70 BIRTHPLACE	(State or foreign		WHAT COUNTRY?	8. MARRI	D 🔀 NEVER MA	ARRIED	9. COUNTY OF	DEATH		
d in Joers		ifornia	USA		WiDOW	D DIV	ORCED	Carr	oll		Md
hin 24 ho filled in popers thin 72 ho	10 CITY OR TOV	/N OF DEATH	11	NAME OF HOSPITAL OR IN	ISTITUTION (	f not in hospital	12a USU	AL OCCUPATION	I'V not of work done	12b KIND OF B	
\$ 203/ /		Sykesvill	e S	ve street address) pringfield	State	Hospit	tal <sup>during m</sup>	teacher	life, even if retired)	INDUSTRY	
	13a USUAL RESI admission) STA	DENCE (Where deced	sed lived if anst	itution Residence before	13c CITY	OR TOWN	13d, INSIDE CITY L	IM1152 13e ST	REET AND NUMBER		
requires that the death certificate be executed g physician. Signed by the attending physicion and complete buriol-transit permit. Then please remove can burial, cremation, or removal, and in any event		PILL 0	136 COUNT	gomery	Wast	.D.C.	YES NO		5 Baltimor	e Avenu	3
exe ond ond	14. FATHERS NA		Middle			IS MOTHER'S A			Middle		Lost
n o se din		Frankli					He	len	?	Bass	ett
sicio Sea Jea , an	160 WAS DECEA	SED EVER IN U.S. ARI	WED FORCES? var or dates of service;	166 SOCIAL SECURITY		INFORMANT			Address		
eoth certificate lending physicion mit. Then please or removol, and	Yes, no, ar un			220-54-63	307 8	pringfi	ield Ho	spital	records, S	ykesvil	le,Md.
ng Lange	18 CAUSE	OF DEATH (Enter an	ly one cause per	Tohan program	)					APPROXIMA	ATE INTERVAL SET AND DEATH
eoff endi	PARI	1. DEATH WAS CAUSE IMMEDIA	D BY ATE CAUSE (a)	Lobar pneu	monia					Days	
e d atte	17 5	/ X	DUE TO, O	R AS A CONSEQUENCE OF							
that the dan. by the attransit perr	Conditions	if any, which gave ) nediote cause (a),	(b)								
tho by by cren		neurore cause (a), ( underlying cause)		R AS A CONSEQUENCE OF							
res rsicii	last.		(c)								
The law requires that th ottending physician. has been signed by the se as the buriol-transit in prior to burial, cremati	PART 2 0	HER SIGNIFICANT CO	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE ORC	ONDITION GIVEN	I IN PART I(a) Chr	onic br	ain
IAN: The law refitate or ottending in ficate has been store os the fit for use os the fiteolth prior to be	synd	rome asso	ciated	with cerebr	al ar	terios	ele rosi	s with	psychotic :	reaction	1.
The law ottendin has bee se os the th prior t	196. DATE O	F OPERATION 19b.	CONDITION FOR	WHICH OPERATION WAS PE	REORMED	20a. AUT	Ob2A3	20b IF	YES, WERE FINDINGS CO	NSIDERED IN CER	TIFYING
For a set	RAILE					YES 🔀			OF DEATH?		
AN: Il or cate or u		ENT WAS UNDERLYIN BUTING [   CAUSE OF DEAT		OF INUURY N. Manth Day Year	21c.	HOW INJURY OC	CCURRED (Enter	nature of injur	y in Part 1 or Part 2, II	em 18)	
音音音を	🚊 (If either, r	atify medical examin	ner) P.J	VI. 1	9						
JING PHYSICIAN: The law ruby the hospital or ottending fler this certificate has been be detached for use os the Stote Dept. of Heolth prior to		Y OCCURRED 21e.	PLACE OF INJUR	Y (AT HOME, FARM, STREET FAI OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Stre	eet ar R.F.D. No.	City	or Town	County	State
G P The det	ui wark	at work			ĺ				_		
by Stol	,22a. l ce	rtify that (NC (th	is haspital) a	ttended the decease	ed from_		17/_, 19_1	611 ta	3/17/_, 19_	69_, that t	(we) last
ATTENDING stoined by th CTOR: Affer i should be de	saw	p bezoezeb ent avndn haintz ze:	ING OUT	ttended the deceased) (d) (d) (d) (d) (d) (d) (d) (d) (d) (	bady afte	nd that in (D	dant) obj	nian death a	ccurred an the dat	e and havr a	nd fram the
ATI OF SELECTION O	22b. SIGNAT	URE	( /	) / view me	budy une	deam.			72 <sub>6</sub> D	ATE SIGNED	
OR OR Le re 3 ed w		COM	- At	16lous	DE	GREE PHYS	ING M	ED. RECTOR		/17/69	
AL D D D D D D D D D D D D D D D D D D D	22d PHYS.	IÁN'S				22e ADI			Id State H		
ERA Solve	NAME	(Type) E	dmee J.	Reeves, M.	D.				e. Marylan		
TO HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 may be retained by the hospital or of TO "LUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filled with the Stote Dept. of Health."	23a BURIAL, CR	MATION 23b	DATE	23c NAME OF	CEMETERY C	R CREMATORY			N (City or Town)	(Caunty)	(State)
5 5 5 ± 2 × ×	REMOVAL(S Buri	aL 3-	20-69	Parkla	awn C	emeter	rv	Rock	ville. M	arvlan	à
VR AIS	24 E. NERAL DIS	ECTOR	(1)(1)(1)(1)	Bethesda	3.4	1	250 REC D B	Y REGISTRAR	25b REGISTRAR'S S	IGNATURE	
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MAKILAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ITH DEPT. 1 DECEASED NAME Fist Middle 26 DATE KNOWNING (Type or Print) Poge DEATH MATED IF UNDER 24 HRS S DATE OF BIRTH & AGE (In years 2c DATE PRONQUINCED DEAD 2, a. P.M3 Day 3 Month Year 2-15-12 white male 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland with form U.S.A. WIDOWFD [ DIVORCED [T Carroll 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USJA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address ield State Hospital Laborer life, even fretired) INDUSTRY Sykesville 8 Give olong 13a LSUAL RESIDENCE (Where deceased lived, finishitution Residence before 13c City OR TOWN 13d. INS DE CITY & MITS? 13e STREET AND NUMBER 13b COUNTY Howard 8202 Maryland Ave. Ellicott CityYES 50 NO [ ofter and 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Middle last Cecilia Rilev Matthew Chambers hours 160 WAS DECEASED EVER NUS ARMED FORCES? 166, SOCIAL SECURITY NO pencil 17 INFORMANT ADDRESS (If was give war or dates of service) 215-05-7887 Springfield State Hospital Records within APPROX MATE INTERVAL be executed CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute purulent meningitis- organism to be MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF determined Davs Canditions, if any, which gave rise to immediate couse (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying couse (a) Bronchopneumonia  $\subseteq$ Davs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Alcoholism 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? certificote. NO F o 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. NJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) TO NOT WHILE IT AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy 17. Inspection [ Inquiry and in my apinian Natural causes death resulted fram: Agadent Suicide [ Hamicide Undetermined manner ACTUAL ASS STANT MED CAL EXAMINER 22b DATE SIGNED the funeral SIGNATURE **EXAMINER'S** ADDREST COST HOLD W. Glenn Speicker, M.D. NAME (Type) 23g BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY TREMOVAL (Specify) DURIA 24 FUNERAL DIRECTOR REGISTRAR S S GNATURE 4 girbs Tam- Slack VR A15ME (5) 10M REV 1 68

MARYLAND STATE DEPARTMENT OF HEALTH





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		03723			CATE OF DEATI		03717
death. neral and 2 death.		ECEASED-NAME First Type or print) Josep	h Edwar	d Co	lost OOK	2g. DATE OF DEATH Month	Day 19 Year 8 A M
executed within 24 haurs after death to completely filled in by the funeral amove carbon papers.	3. SI	Male	4. RACE White		S. DATE OF BIRTH	1896 6. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
d in by	70 cou	BIRTHPLACE (Stote or foreign in intro) Merylend	7b. CITIZEN OF WHAT COUNTRY?	WIDOWEE		9 COUNTY OF DEATH  Carroll C	
bad completely filled in remarve carban paper n any event, within 72	W	city or town of DEATH estminster	11 NAME OF HOSPITAL  g vs street oddress)	Co. Ge	en. Hosp	SUAL OCCUPATION (Kind of work don Emost of working life year if retired	12b. Kind of Business or INDUSTRY Propene Ges
cuted visiting in the confine	13a adm 11	USUAL RESIDENCE (Where deceased ission) STATE	d lived, if institution: Residence b LYSb_COUNTY Baltimore	efare 13c. CITY O	R TOWN 13d. INSIDE C	TY LIMITS? 13e STREET AND NUMBER	dale Avenue
8 = =		FATHERS NAME First Ernest	L. Cook	lost	IS. MOTHER'S MAIDEN NAM	Efrst Middle Amelia Jane	Berryman
ertificate b physician hen please naval, and i	160	WAS DECEASED EVER IN U.S. ARME fes, no_prunknown) († yes give war NO	D FORCES? 16b SOCIAL SEC		INFORMANT Jessie M.	Address Cook 21 Stocks	dele Ave. Md.
equires that the death c physician. signed by the attending burial-transit permit. T		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if only, which gove nse to immediate cause (a), stoting the underlying couse last.  PART 2 OTHER SIGNIFICANT COND	BY: E CAUSE (o)  DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  OITIONS CONTRIBUTING TO DEATH	CE OF  CE OF  BUT NOT RELATED	TO THE TERMINAL DISEASE (	Failure  vascular Deas.  DRECONDITION GIVEN IN PART I(0)	APPROXIMATE INTERVAL BETWEEN DISCIT AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burnal-transhauld be filed with the State Dept. of Health prior to burial, creasing the state Dept. of Health prior to burial, creasing the state Dept.	L CERTIFICATION	21a. ACC DENT WAS UNDERLYING	ONDITION FOR WHICH OPERATION (	21c	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDING CAUSES OF DEATH?  Ther nature of injury in Port 1 or Part	S CONSIDERED IN CERTIFYING  2. Item 18)
G PHYSICIA the hospital this certific detached for	MEDICAL	ot work	PLACE OF INJURY ( AT HOME FARM, ST OFFICE BUILDING E	REET, FACTORY,) 216			County State
D HOSPITAL OR ATTENDING PHYS: Page 4 may be retained by the host S FUNERAL DIRECTOR: After this cet director, page 3 shauld be detache shauld be filed with the State Dept.			hospital) attended the deve an (I) (we) (did) (did not) view	eceased fram 1997, a v the bady ofte	nd that in (my) (aur) r death.	apinian death accurred an the	19 6 7, that (1) (we) last date and haur and from the
AL OR A sy be ret L DIRECT Dage 3 st filed with		22d PHYSICIAN S	5 / Fresh	Suc 20EC	GREE PHYS 220 ADDRESS	DIRECTOR D STAFF D	2. DATE SIGNED  3/8/69
OSPIT.  e 4 mc INERA ctor, p	22-	NAME (Type) JOH	ATE 122 NA	WE OF CEMETERY O	D & and	23d LOCATION (City or Town)	
Page Office Sha		REMOVAL (Specify) Mar	.11,1969 Rei		own Meth.	Cem. Reistersto	wn, Balto., Md.
OM REV.	24.	H. J. Echliar	Owings Mi	11s, M	DATEM	AR 1 0 1969 JCL	orles Judge



03724	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	
DECEASED-NAME First  (Transport  Transport  Transp	Middle	Last	20. DATE OF DEATH	2b. HOUR A
(Type or pant) REGINA	JANE	COUNT HAN	March Day	1969 9:05 M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Female	White	11-27-84	6. AGE (In years last birthday) 811 YRS.	WOME (147) DOLL 2 SUCH
7a BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Maryland	U.S.A.	WIDOWED DIVORCED	Carroll	Md.
TO, CITY OR TOWN OF DEATH	TT NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a USI	UAL OCCUPATION (Kind of work dane nost of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
Sykesville	Springfield	State Hospital	nost of working life, even if retired ) Housewife	
adm ssion) STATE Maryland	ised lived/if institution. Residence before	Cumberland YES EC		rest
14 FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME	First Middle	Lost
William	Matting1 MED FORCES?   160 SOCIAL SECURITY	yMa	ry Ann	Coyne
16a. WAS DECEASED EVER IN U.S. AR Yes, na, ar unknawn) (11 yes gwe			Address	
No.	5111-02-01	84- Records, Spr		spital
18. CAUSE OF DEATH (Enter o	nly ane cause per ine far (a), (b), and (c)	)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSI	nly ane cause per +ne far (a), (b), and (c) ED BY: IATE CAUSE (a) <b>Arterioscl</b> e	rotic Cardiovascul	ar Disease	Years
4/24	DUE TO, OR AS A CONSEQUENCE OF			
Canditians, if any, which gave rise to immediate cause (a),	(D)			
stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
last.	) (c)			
	INDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(a)	
190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY?  YES NO 5	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	NG 21b, TIME OF INJURY	21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 ar Part 2,	Item 18.)
G CONTRIBUTING CAUSE OF OB-	ATH HOUR A.M. Manth Day Year iner) P.M. 11			
21d. INJURY OCCURRED 21e	B. PLACE OF INJURY ( AT HOME FARM, STREET FA OFFICE BUILDING, ETC	CTORY) 21F LOCATION Street or R.F.D. N		County State
220   certify that (I) (t	his haspital) attended the deceas alive on 3-7-69 re, (I) (we) (did) (did nat) view the	ed from <u>8-13-68</u> , 19	, to <u>3-7-69</u> , 19	, that (!) (we) lost
saw the deceased	olive on 3-7-59	9, and that in (my) (our) of	pinion death accurred on the do	ote and hour and from the
22b SiGNATURE	e, (i) (we) (ala) (ala nai) view me	body after death.		DATE SIGNED
5 hunto	mines LA	C-DEGREE PHYS	MED DIRECTOR PHYS 2	7/6-8
22d PHYSICIAN S	7		ringfield State Ho	snital
NAME (Type) Antoni	us Glahn, M.D.	Svk	esville, Maryland	21781
23a BURIAL (REMATION, 23b	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
Burian 3/		trick's Cemetery		
24 FUNERAL DIRECTOR	ADDRESS	21502 250 REC'D	BY REGISTRAR 25b REGISTRAR S	SIGNATURE
Silcox-Merritt	Funeral Service C	umberland, Md DATE A	R 1 1 1989 Millon	who Judges

MAKTLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03720 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH death 24 haurs after death. (Type or print) Month Baby Girl Cowgill 4 RACE 3. SEX 6. AGE (In years IF LINDER 24 HRS S. DATE OF BIRTH IF UNDER I YEAR last birthdoy) HOURS Femal . white March 30,1969 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Maryland wariat, cremation, or remaval, and in any event, within 72 h Carroll County U.S.A. WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Carroll during most of working life, even if retired ) INDUSTRY County General Westminster etely 130 USUA, RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN 13e STREFT AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY NO 🗆 Christiana Apts. The law requires that the death certificate be execut Finksburg 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle guo Lost Cowgill Linda Lou Metz Jerry Dale physician ( nen please 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) BETWEEN ONSET AND GEATE PART I. DEATH WAS CAUSED BY even IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) signed by the burial-transit nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health prior to 196, DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO IX TO HOSPITAL OR ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 220. I certify that (1) (this hespital) attended the deceased from 3 3, 1967, to 3 30, 1969, that (1) (we) just be retained by director, page 3 should should be filed with the causes stated abave. (1) (we) (did) (did not) view the bady after death. 22c. DATE STONED 22b SIGNATURE **ATTENDING** STAFF DEGREE PHYS DIRECTOR 22e ADDRESS 22d PHYSICIAN'S Green, M.D. Westminster. Maryland Karl M. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 230 BURIAL, CREMATION, 23b. DATE (County) (State) 31/69 24. NUMERIX DE MON ADDRESS-2So. REC'D BY REGISTRAR DATE APR 1969 Fisher Glenn A.



	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
W	FOR STATE		03727 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	721
	HEALTH DEPT.	1 0	DECEASED NAME First Middle Lost 20 DATE KNOWN NOT Month Gov.	Yeor 20-80UP-
		(	Type or Print) JAMES LEDNARD COX DEATH MATED 3-20	1968 A M
	delay is and 3 to M3. Page tment af	3 \$	SEX 4 RACE 5 DATE OF BIRTH 6 AGE, n years 15 LINDER 1 YEAR 15 UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2gh HQUR
	ny delay is 2, and 3 to PM3. Page	M	ale Negro 6-9-1900 (ast birthday) MONTH'S DAYS HOURS Mill Month 3 Day 20 Yea	01 1969 A: M
4	Ct / cm		BIRTHPLACE (Stole of foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	ges 1, 2, of farm Ph	COU	North Carolina U.S.A. WIDOWED DIVORCED Carroll	Md
	Page 1			ND OF BUSINESS OR
	in the		Sykesville / Springfield State Hospital Retired	
	s after alange with		The state of the s	
	Ed final		Maryland Saltimore Baltimore Is Middle Lost Is Mother's MAIDEN NAME First Middle	Last
	24 have in Item sir's Office estand	1 7. 1	Leonard Cox Lisa	rasi
	nner's Office nner's Office pages stand haves after		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
	vithir amin e pa	()	Yes, no, or unknown) (If yes give wor or do tes of service) 577-16-9427 Records, Springfield State Hospital	
	in per lin per lin per lin per lin 72 iin 72		18 CAUSE OF DEATH (Enter on y one couse per line for (a) IV coad (c))	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	executed nding" ii Medical permit nt withir		PART I DEATH WAS CAUSED BY	elus
	exe endi Me it pe		DUE TO, OR AS A) CONSEQUENCE OF	0
	hied Chied		(and thous, if any, which gove nose to immediate course (a), (b) Verlinarrary T.B. (arrested) 4	Kair
	shauld be en ward "per to the Chief I burial transit d in any ever		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	he the to			
	ICAL EXAMINER: This certificate should be executed within 24 hours after death se execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, tar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm ed for your files.  CTOR: Page 3 should be used as a burial transit permit file pages togat with the State burial, cremation, ar remaval, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	war war sed aval	CERTIFICAT ON		AUTOPSY?
	te, tar far far rem	IIIC	WAS PERFORMED?	YES NO NO
	VER: This certificate, writh hauld be farwariles. shauld be used should be used rition, ar remaya		21b. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING 1	
	Cert cert cert ault les. shau tion,	MEDICAL	CAUSE OF DEATH P.M 19	
	MIN the the 24 st 1 from 2 mag	₹	21d INJURY OCCURRED 21e P.ACE OF IN.JRY (At home, form, street, white mot white foctory, affice building, etc.)  21f LOCATION Street or R.F.D. No City or Town Count	ty State
	DICAL EXAMINER: se execute the cert se execute the cert extar. Page 4 shault med for yaur files.  RECTOR: Page 3 shault a burial, cremation,		AT WORK AT WORK	
	AL execution Property of the P			ind in my apinian
4	ITY EDICA  Try, please e eral director  Try estalled  RAL DIRECT  Priar ta bu		death resulted fram Natural causes Accident , Suicide , Hamicide , Undetermined manner	
1	TY Property, please real directors.  A. DIRECTOR prior to		ACTUAL CHIEF MEDICAL EXAMINER (ALEXAMINER ) 22b. DATE SIGNED	<i>a</i> ~
	EPUTY EDICA ssary, please est funeral directar. ay lie retained in ineral pirector. in example of the prior to but		DEPITY MEDICA SYAMINED 7	20-69
	TO DEPUTY EDICAL EXAM necessary, please execute the funeral director. Page 4 5 may lie retailed for your TO FUNERAL DIRECTOR: Page Health priar ta burial, crem		NAME (Type) W. Glenn Speicker, M. D. April Contaction Wire studied	Conol
	TO December 15 med 5 m 5 m 5 m Heal	230	D BURIA, (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	1160
		1	3REMOVA (Specify) 3/22/69 Mt. CA/VOLY COM, BAItIMORE	Mdy
	VR A15ME (5)	2	FUNEAL DIRECTOR  250 REGISTRAR SIGNAL  ADDRESS	RE .
	10M REV 1/68	L	Ni Johnson 1900 Culare 11. Isan J. 1968. BARTIES 1	0
	1100			



1		03728	D	IVISION OF VITAL RECORDS,	301 W. P	RESTON STR	EET, BALTIM		RYLAND 21201	0	372	2
opd 2	(1	CEASED NAME Firs ype or print) Verno	n	M ddle Sylvester Dola	n	Lost		20. DATE OF		<sup>Y</sup> 25	Yeor 69	26 HOUR 2:30PM
S of the state of	3. SE	Male		4 RACE White		5. DATE OF BIR			6. AGE (In years last brithday) YRS.	IF UNDE		JNDER 24 HRS HOURS MIN
	7o. B	IRTHPLACE (Stote or foreign try) Maryland	7b	. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWEDS		FLU	county of Cari			-	Md
	5	TY OR TOWN OF DEATH Sykesville		ove street oddress). Springfield	State	Hosp.	during most	CCUPATION of working	(Kind of work done life, even if retired)	12b. IND	KIND OF BU	
7	13o odm	USUAL RES.DENCE (Where dececession) STATE Marylan	d d	lived of institution Residence before 13th COUNTY Allegany	13c CITY OR Old		BA. INSIDE CITY LIM TST YES NO 2	13e STE	REET AND NUMBER			
1	14 F	ATHER'S NAME First Alexander Dol	an	Middle lost	15	MOTHERS MAIL	DEN NAME First	dec	Middle			Lost
	160. Yı	WAS DECEASED EVER IN U.S. AR es, no or unknown) (fyes give		FORCES? 16b. SOCIAL SECURITY N 232-10\$56		NFORMANT Hos	spital F	lecord	Address			
		18. CAUSE OF DEATH (Enter of	nly c	ne couse per line for (o), (b), and (c)							APPROXIMAT BETWEEN ONSE	E 'NTERVAL T AND DEATH
		PART I. DEATH WAS CAUSE  IMMEDI  ILIA	IALE ED R	CAUSE (o)Uren	ប់a						days	
		Conditions, if any, which gove	)	DUE TO, OR AS A CONSEQUENCE OF								
	- 1	rise to immediate couse (a) stating the underlying couse	1	(b) Pyelonephri DUE TO, OR AS A CONSEQUENCE OF	tis					10	onths	3
		lost	)	(c) Generalize	d Arte	erioscle	rosis			У	ears	
	- 1	PART 2. OTHER SIGNIFICANT CO	INDIT	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL I	D SEASE OR COND	OTTON GIVEN	IN PART I(o)			
7	CERTIFICATION	190. DATE OF OPERATION 19b.	.CON	DITION FOR WHICH OPERATION WAS PER	FORMED	20o. AUTOPS	Y?		YES, WERE FINDINGS O OF DEATH?	ONSIDER	ED IN CERT	IFYING
-	DICAL	210. ACCIDENT WAS UNDERLY!!  ☐ OR CONTRIBUT NG ☐ CAUSE OF DEA  (If either, notify medical exomi	NG (TH iner)	21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19	21c. HC	DW INJURY OCCUI		ture of injury	in Port 1 or Port 2,	Item 18.	)	
	≊	21d INJURY OCCURRED 21e While Not while 1 work of work	PLA	CE OF INJURY ( AT HOME FARM, STREET FACT OFFICE BUILDING, ETC.	ORY.) 21f LO	CATION Street	or R.F.D. No.	City	or Town	Count	у	Stote
	Ī	22o. I certify that (L)X(th	nis I	ospital) atended the decease	d from	3-5T	, 19.69	_, to <b>j=</b>	25-69 , 19		, thot (	(we) last
		sow the deceased of causes stated above	e, (l	on (we) (did) ( view the b	ady after a	a thot in (my) leath.	(our) opinio	n deoth o	ccurred on the do	te and	hour on	d from the
/		22b SIGNATURE	٠.	ha Ozem	DEGR	ATTENDING	MED.	TOR	STAFF PHYS.	DATE SIG 3-25	NED	
5	_	22d. PHYSICIAN S NAME (Type) Suha	0z	gun					e Hospita	l Sy	kesvi	lle
	23o		DATE /2	3/1969 Davis		CREMATORY ial Parl			(City or Town)	(Coun	**	(Stote)
Ý	24 F	UNERAL DIRECTOR John	Z	Hafer, Jr. ADDRESS			So. REC D BY RE	GISTRAR 191	6925b. REGISTRARS	CLOSEATE	igr	E.



# 1		03729 DIVISION OF	VITAL RECORDS, 301 W.	PRESTON STREET, BALTIMO		03723
		00123	CERTIFI	CATE OF DEATH		00120
ar death. funeral 1 and 2 er death.		EASED NAME De or print)  JA SPER	Middle	DULL 2	da. DATE OF DEATH  Month  Day	Year 2b. HOUR M
s after o	3. S	MALE A RACE	FITE	S. DATE OF BIRTH  OCT. 19, 19	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
haurs Page	7a.	RTHPLACE (State ar fareign 7b. CITIZEN OF WHY)	HAMME	IZ-I-MEVEK MAKKIEUI	COUNTY OF DEATH	70
fulled paper thin 7		Y OR TOWN OF DEATH	ME OF HOSPITAL OR INSTITUTION (IF	not in hospital 12a USBAL O	CCUPATION / Kind of work done	12b KIND OF BUSINESS OR
with itely f irban t, with		ESTMINSTER GIVE SUBLE RESIDENCE (Where deceased lived, if institute		EN HOSP T. CON	of warking life, even if retired.)  TRACTOR AND  13e, STREET AND NUMBER	RUILDER.
ecuted with completely lave carbon y event, wi		ion) STATE MD , 13b. COUNTY	ARROLL WES	TMINSTERS NOT		
and company	14	THER S NAME First Middle	. DULL	15. MOTHER'S MAIDEN NAME FIRST	y Bloom	Lost
day at a condition and i		VAS DECEASED EVER IN U.S. ARMED FORCES?	16b SOCIAL SECURITY NO 17	INFORMANT	Address	ml
ertific phys pen plays	-	s, no, or unknown) (If yes give wer or dates of service)		MRS VIVIAN G	DULL, WESTMI	NSTER RD#Y
e death certificate be ex attending physickan and permit. Then please rem an, or remaval, and in an		8. CAUSE OF DEATH (Enter only one couse per for PART i. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiae a	west		BETWEEN ONSET AND GEATH
ne de otte perm jan, c	ı	1.1 20-2	S A CONSEQUENCE OF			
equires that the physician. signed by the burial-transit purial, crematit		ira ta um madada agusa (a) [D]	S A CONSEQUENCE OF	reference.		
ires t ysicia ned k rrol-tr rial, ci		ost. (c)				
required phone of the property		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONE	OFFION GIVEN IN PART I(a)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 hospital earth	CERTIFICATION	9a. DATE OF OPERATION 19b CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
Clan: iital ar iificate far us sf Healt	MEDICAL CER	To. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If either, natify medical examiner)  216 TIME OF HOUR A.M. P.M.	Manth Day Year	HOW INJURY OCCURRED (Enter na	ture of injury in Part 1 or Part 2 1	tem 18.)
PHYSI ne hasp this cer etachec Dept	MEI	21d INJURY OCCURRED 21e PLACE OF INJURY While Not while	AT HOME, FARM, STREET FACTORY,) 21f.		City or Town	Caunty State
by the differ of		22a. I certify that (I) (this haspital) attended as the deceased alive on the couses stated above, (I) (we) (did)	ended the deceased from_	1 1 2 - 4 19 - 19 - 19 - 19 - 19 - 19 - 19 -	, to <u>free re</u> , 19	that (I) (we) last
ATTENDING trained by th CTOR: After the shauld be de orth the State		couses stoted obove, (I) (we) (did)	(did-not) view the body afte	r death.		
OR A) be reto		22b. SIGNATURE	DE	GREE PHYS . MED.	TOR STAFF 22c. I	DATE SIGNED
PITAL may RAL (		NAME (Type)		22e. ADDRESS	€g <sup>*</sup> v	4
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be fil	230	BURIA_CREMATION 23D. DATE 3/9/69	23c. NAME OF CEMETERY C		3d. LOCAT ON (City or Town) WESTMINSTER	(Caunty) (State)
VR A15 (4)	24.	LINERAL DIRECTOR	ADDRESS	2Sq. REC B BY RI	EGISTRAR 25b. REGISTRAR'S	
30M REV 139		- 7. where by w	totomoler	ma DATMAR 1	0 1969 Jelian	Las Judge



	В		MARTLAND STATE DEPARTMENT OF HEALTH	
	1	0.0 11.0 0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		03730	CERTIFICATE OF DEATH	03724
er death. funeral 7 and 2 er death.		CEASED-NAME First	ATHERINE DVVALL MAR Month 22 DO	1964 or 25 M
s after death the funeral ages 1 and 2 s after death	3 51	EMALE	4. RACE S DATE OF BIRTH 6 AGE (In years lost byrthday)  FEB 21 1962 lost byrthday)  YRS.	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS MOURS M.N.
fines	70 cou	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEWER MARRIED   9. COUNTY OF DEATH  UNITED STATES WIDOWED   D.VORCED   CAROL	L Md
nithin 24 filled on paper within 7	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (It not in hospital give street oddress). TE # 120 USUAL OCCUPATION (Kind of work done during most of working life, even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY
ate be executed within 2. Ican and campletely filled lease remove carban papared in any event, within 7	)3o. odm	USUAL RESIDENCE (Where deceos		#/
ond co	14 1	ATHERS NAME FIRST	M'adle Lost IS. MOTHERS MA DEN NAME First Middle  NEY BAKEN MARY CATHERINE	- PORTER
ificate yaster	160. Y	WAS DECEASED EVER IN U.S ARM		1
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled instructive funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hears after death		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	y one couse per line for (a), (b), and (c).)  PEY: TE CAUSE (a) CARCINOMA OF LUNG. APP  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  REST & MC
Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar should be filed with the State Dept. of Health priar to burial, crea	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS ( 20c. AUTOPSY? CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
PHYSICIAN: The low rether he haspital or attending this certificate has been letached far use as the Boept, of Health priar to	MEDICAL CER	21o. ACCIDENT WAS UNDERLYIN  or contributing cause of deat (If either, notify medicol exomit  21d INJURY OCCURRED 21e	G 21b. TIME OF INJURY A.M. Month Day Year P.M. 19	
NG PHY  the he er this a detach		While Not while at work	OFFICE BUILDING, ETC	,
ATTENDING itained by the TTOR: After Shauld be dith the State		saw the deceased all causes stated abave	s haspital), attended, the deceased fram CSC 10F5V4-1957, to 1614-15-15, 19 ive an 1144-15-15, 22-19-64, and that in (my) (aur) apinian death accurred an the do, (1) (we) (did) (did not) view the bady after death.	ate and haur and fram the
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22d. PHYSICIAN'S NAME (Type) DAN	STAFF DEGREE PHYS. DIRECTOR PHYS STAFF STA	-22-69
OSPII DNER JNER Star,	230	BURIAL, CREMATION, 23b. I	TELI, WELLIVER M.D. WESTMINSTE  123c NAME OF CEMETERY OR CREMATORY  123d. LOCATION (City or Town)	(County) (Stote)
Pog Pog Sho sho		Burial 3/	25/1969 Bethany Cemetery Cari	coll, Md.
VR A15 00 30M REV.	24.	FUNERAL DIRECTOR .M. Waltz, Bo	x 241, Sykesville, Md.   250. RECTO BY REGISTRAR   250. REGISTRAR'S	



<u> </u>	MARYLAND STATE DEPARTMENT OF HEALTH	
7	03731 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	73 200 da
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3725
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20 DATE KNOWN Manth (Type or Print) 7 - A 64 OF ESTI-	Day Year 2b HOUR
≈ ₽EA3	(Type or Print) JEAN PORTER EDWARDS DEATH MATED 3-3	31 1969 M
delay	3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (in years if Under 1 YEAR if Under 24 HRS 2c DATE PRONOUNCED DEAD Months DATS HOURS MIN Months DATS	2d, HQUR
M Man	Female White 9-4-15 53 YRS. MONTHS DATS HOURS MIN Month 3 Day 31	Year 69 6 M
I, 2, a	7a BIRTHPLACE (State or foreign 7b, CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
e Da	(Country) Maryland U.S.A. WIDOWED DIVORCED Carroll	Md.
tat		26 KIND OF BUSINESS OR
haurs after death tem 18 Give Pages 1 pffice along with form and 2 with the State D	Sykesville Springfield State Hosp; Social worker	NDUSTRY
Giv Fr Fr Fr	13a USLAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER	-
alcalcalcalcalcalcalcalcalcalcalcalcalca	adm ss on) STATE Md. 13b COUNTY City Baltimore YES Se NO 2338N. Calvert.	9+
24 haurs in lem 18 45 prince 55 land 2v	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
	Harry P. Porter, Sr. Ethel  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	Bagley
	(Yes, no, or unknown) \ (If yes give wor at dates of service)	S-1
> TX F		APPROXIMATE INTERVAL
be executed "pending" in sief Medicai Earnst permit. Fevent within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	BETWEEN ONSAT AND DEATH
ding ding leding wi	IMMEDIATE CAUSE (a) Strangulation by hanging	Sourcey
be executing "pending" in hief Medical mansist permits with event with	DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave )	
Chie	rise to immediate cause (a). (b)	
auld vard he Ch ial-trc any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed te ward "pending" is to the Chief Medical burial-transit permit.	(c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifing ardec d as al a	Manic Depressive reaction, Manic type	
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MIN the the radia		elegal Lancard
AL EXAMINER: Execute the certic Page 4 shauld far your files. OR: Page 3 shau rial, crematian,	AT WORK AT WORK A BOLL ROLLING ST.	I State of
E E E Cu	22a. I certify that I tack charge of the remains described above, held on Autopsy 🔀, Inspection 🗍, Juguiry 🧻,	and in my apinian
ICAL I exect tar Poed far CTOR:	death resulted fram Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Homicide 🔲 , Undetermined manner [	
EPUTY DIC ssary, please ( funeral director ay be refained ineRAL DIRECT th priar to by	C . A . CHIEF MEDICAL EXAMINER	
y, ple rol di ser retu tal bi prior	SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SI	GNED
De Pere	DEPLITY MEDICAL EXAMINER X	-31-69
o DEPUTY DICA necessary, please e f me funeral director s may be retained o FUNERAL DIRECT Health priar to bu	NAME (Type) W. Glenn Speicher M. D. Lord See White Capul Quite	Via Carrall
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	230 BUR AL CREMATON, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(Caunty) (State
-	REMOVAL (Specify) Burial 4-3-69 Union Chapel Wilna Harfor	d Md.
	24 FUNERA. DIRECTOR ADDRESS 2SG RECO BY REGISTRAR SSI	GNATURE
VR ATSME (1)	Leonard J. Ruck, Inc., 5305 Harford Rd. APR 2 1969 Thanks	0 .
LOW MER ALCON TO		7-144-7-44-

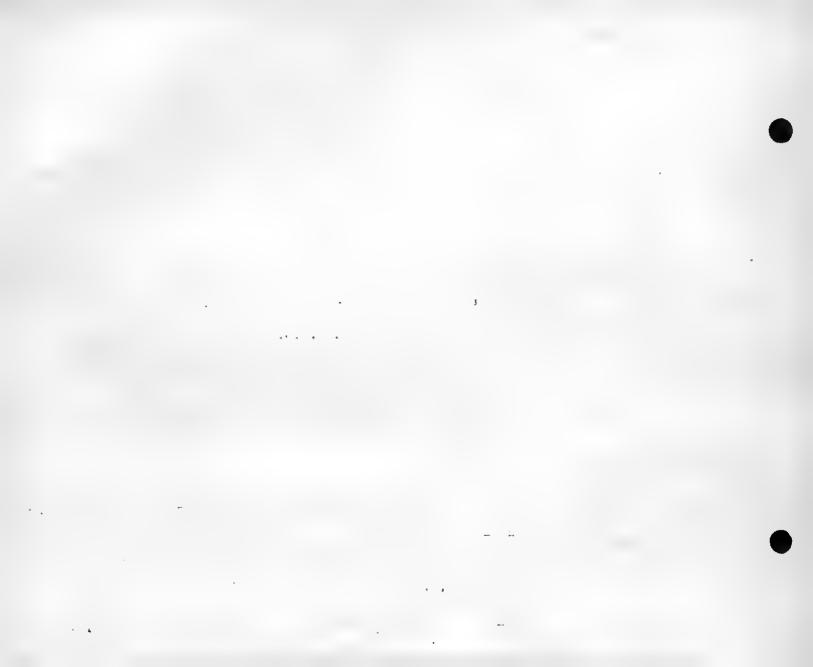


1 desire	1	03732 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
S. Carlotte		Item#5&6,FilmGlil 4/7/69 km CERTIFICATE OF DEATH	03726
. ~ .		CERTIFICATE OF DEATH	
death.		Type or print)  NAY AUGUSTA EY ER  2a. DATE OF DEATH  Manth  Day  3 - 31	- 1969 4:35 M
24 hoers after death and in 72 hours other death			FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
	70.	BIRTHPLACE (State or foreign, 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
72 P	COU	MARYland U.S. A WIDOWED & DIVORCED CARROLL	Md.
ed within 24 Jetely filled in carban paper ent, within 72	10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
d with letely corban nt, with	1	SYKESVILLE give street address) SYA to Hospital dyring mast of working life, even if returned by Hospital to SPA, 10, 510 Hospital dyring mast of working life, even if returned by the Ho	INDUSTRY
The second of	13o. odm	. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 11ssian) STATE // A R J A D STATE // A R J A D STATE // BAIT NORTH YES NO 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER, 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND MIS	WARD AVE.
and campresses	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
3 5 5	L	William P. P. Rustie MARY E.?	Coleman
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon postouid be filed with the State Dept. of Health prior to burial, crematian, or remayal, and usuay event, within		L WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar pinknown) ("Type give wor or dates of service)  16b SOCIAL SECURITY NO. 17 INFORMANT 212-22-2649+0 S P: +a   Records Si	S. Hospital, Kesville, MD
ne death certifi attending phy permit. Then ian, or remava		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c),)	APPROXIMATE INVERVAL BETWEEN ONSET AND DEATH
eath andir nit.		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Le rece de rote Candie Viscula clas and	
atte atte an,		HIR GOVERNOR AS A CONSEQUENCE OF	
at th the nsit j		Canditians, if any, which gave inse to immediate cause (a), (b)	
tran crez		stoting the underlying couse? DUE TO, OR AS A CONSEQUENCE OF	
agures tha physician. signed by burial-tran		last. (c)	1
The law requires the attending physician, has been signed by se as the burial-traith prior ta burial, cre	- E	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The law ratending attending has been se as the th prior ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
是 Be Be Be	E	YES NO DE CAUSES OF DEATH?	
AN: al al cate far u		210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part   or Part 2, Item   1 part   or Part 2, Item   1 part   or Part 2, Item   1 part   or Part 3, Item   1 part 1	n 18.j
SICI split ed tif ed to	MEDICAL	[(If either, notify medical exominer)   P.M. 19	
Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. of Health	~	While Not while at work A at work	Caunty State
by Affer Stat		22a. I certify that (I) (this hospital) attended the deceased from 1964, and that In (my) (our) opinion death occurred on the date	2 9, that (I) (we) last
ned ned the the	ŀ	couses stated above, (I) (we) (did) (did not) view the body ofter death.	ond nour ond from the
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		22b, SIGNATURE	TE SIGNED /
DIRE 3 ed w		R 6. For January Les Med DEGREE PHYS. DIRECTOR DIRECTOR PHYS, X 3	131,/1967
TO HOSPITAL Page 4 may I TO FUNERAL C directar, pag should be fill		22d. PHYSICIAN'S NAME (Type) RINALSO G. CAJONCHERE MD 220. ADDRESS 5 PRINGSie 10 State	Te mosp. tal
HOS Be 4 FUN	23a.	. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
<b>5</b>		REMOVAL (Specify)  Burial  4/3/69  Druid Ridge Cemetery  Pikesvillem Maryl:  FUNERAL DIRECTOR  ADDRESS  Pikesvillem Maryl:  ADDRESS  Pikesvillem Maryl:  ADDRESS  Pikesvillem Maryl:  ADDRESS  Pikesvillem Maryl:  ADDRESS	and
VR A15 (0)		FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 3 SIG	GNATURE .
30M REV. 1.468 ₹	I	oring Byers Chapel 8728 Liberty Road 21133 DATE	The state of the s



1	1	MAKYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03727
FUR STATES		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	001201
HEALTH DEPT.	1 (	ECEASED-NAME First Middle Last 2a, DATE KNOWN Month Type or Print)	1/ 2/30
E A B M S	L_	EDGAK RICKEY FEW DEATH MATED 3	-16 1969 A M
1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 S	Inst hydrody MONTHS DAYS MOURS MIN MARKET DE	6 Year 6 2d HOUR
> . a b	11	14/e   White   449 20, 1930   18 YRS	6 Year 1969 AM
	7a (001	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
N 0 0		"IId. U.S.A. WIDOWED   CARROLI	Md
Pag Arth Arth S Sto	1	ITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital loc usual Occupation (Kind of work done during most of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
hours after death lem 18. Give Pages 1, Office along with form and 2 with the State De after death.		MON DIAGE PARMER	HARMING
hours after 18. Giv Office along 1 gpd2 with after death.	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY	الله مالان
18 18 18 18 18 18 18 18 18 18 18 18 18 1	<u> </u>	174 CATCH MACHETISTING TO A MINITED TO	sville Koinel
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25 E S S S S S S S S S S S S S S S S S S		Howard - Hew Vorothy -	MIRTIN
within 24 pencil in xaminer s mile pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS es, no, or yinknown) (If yes give wor or dates of service)	· u nel
Exan File	-	No NiviAN Few WIARRIOTISU	APPROXIMATE INTERVAL
"pending" in inef Medical Element Ference Fere		18 CAUSE OF DEATH (Enter on y one couse per line for to) (8) and (9)  PART I: DEATH WAS CAUSED BY	BETWEEN ONSET AND GEATH
should be executed ward "pending" at the Chief Medical burial-transit permit in any event within		IMMEDIATE CAUSE (a) MERRIN WORLD UPPER CAUSE (A)	- Ludden
sit F		Due TO, OR AS A CONSEQUENCE OF  Carditions, if any, which gove	
d bed in the chief		rise to immediate cause (a) ( (b)	
ould wan the ial-1		stating the underlying couse DUE TO, OK AS A CONSEQUENCE OF "	
ate should g the ward ed ta the Ci s a burial-tru and in any		(¢)	
INER: This certificate should be executed within 24 hours after death exertificate, writing the ward "pending" in penal in Item 18. Give Pagishauld be farwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit file pages land with the Stariation, ar remayal, and in any event within 72 hours after death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rtifi rintiir vard val.	NOE	FIG. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	2D AUTOPSY?
uis certific te, writin farwardi e used as remaval,	CERTIFICATION	WAS PERFORMED?	YES NO X
AINER: This certificate, writh he certificate, writh should be farwar files.  3 should be used matian, ar remaya	CERT	21d EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day Year 21c HOWN INJURY OCCURRED (Enter nature of the country	Ben 28 4 An Guy Por
	ਤ	PRIMARY FOR CONTRIBUTING 2:10 A.M. 3-16 1969 Will Washing to get 1 than	Mich Volat
INER the cer shaul files. 3 sha	G <sub>E</sub>	21d. NJURY OCCURRED 21e P.ACE OF INJURY (At home type at the Control Street or R.F.D. Ko. Ctyca Town	County State
<b>=</b> + 4 = 0 = .		AT WORK AT WORK & Read of 1640 mein Reh 69 W Main Westmens	ter Carroll lud.
L EXA ecute Page ar you ar you		220   certify that I took charge of the remains described above, held an Autopsy Inspection XI, Inquiry [	, and in my opinion
DEPUTY SICAL E		death resulted from. Natural causes . About . Suicide . Homicide . Undetermined monner	
please ey l'alrector. Tetained DIRECTO or to buy		CHIEF MED CAL EXAMINER	
y, ple prol di RAL Di prior		ACTION IN TO THE REPORT OF THE	E SIGNED
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o DEPUTY necessary, p the funeral 5 may be r 0 FUNERAL		NAME (Type) W. Glenn Spricher bustiste humaning a datu	water ma
5 = 2 = 2	230		Coparage
24		GINAR 3-18-61 FILLERAM CHIERLY SURANECU	148
No secure X	24.	EUNERAL DIRECTOR  ADDRESS  ADD	
VR A15ME (5) 10M REV 1/68	L	Harry W Haight Sylasville, Md. DATMAR 20 1969 Hours	and heading





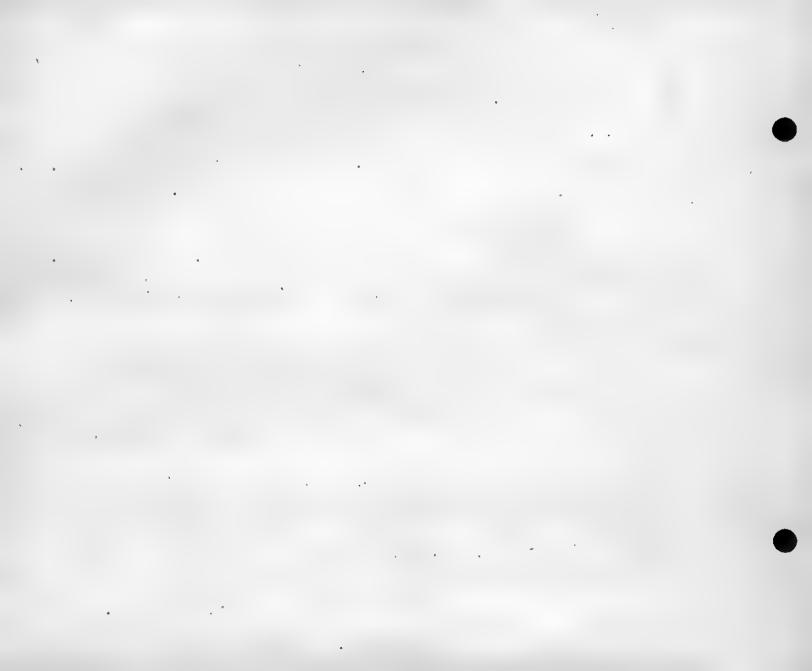
	1	MAKTLAND STATE DEPARTMENT OF HEALTH
2.5		03735 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212003729
		CERTIFICATE OF DEATH
7 7 7	I D	CEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR C
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\$ \$ \$ \$ \$	L.	111101 101 102 m
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5 6 5	70	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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in 24 filled pape hin 77	10/	
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e death certificate b attending pliysician attending pliysician temaya, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO 17 INFORMANT Abdress of service) 17 19 19 19 19 19 19 19 19 19 19 19 19 19
Sylva		NOW 110 2/3-12-8013 DOROTHY B. FOGELE LIVIAN BRIAGE
ng, b		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).  APPROXIMATE INTERVAL.  RETWEEN ONSET AND GEALH.
4 4 5		PART. DEATH WAS CAUSED BY DEN COMMENT AND CAUSE AND CAUS
mit en		IMMEDIATE CAUSE (a) DE CONTROL DE
att an,		DUE TO, OR AS A CONSCOREING WELL LASTS ("VETA")
t the sit	1	Conditions, if any, which gave (b)
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호양 충도로		lost.
quires tho physician. signed by burial-trar burial, crei		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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s boas	13	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The 1 after anter	CERTIFICATION	AFP NO FE
or ute		210 ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
figure file	를	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  If either notify medical examiner) P.M. 19
IDING PHYSICIAN: I by the haspiral or After this certificate I be detached for u State Dept. of Healt	MEDICAL	
E Se de		21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 2+f LOCATION Street or R.F.D. No. City or Town County State  1
the Delay		at work at work
State of National Nat		22a. I certify that (I) (this hospital) attended the deceased from 2 / A. 19 (27, 10 2) Ad., 19 (27, that (I) (we) last
N A P		spy) the deceased olive an
S S S S S S S S S S S S S S S S S S S		
A E D E	1	22b GNATURE 1 X 72 () ATTENDING TO MED STAFF 22c DATE SIGNED 1
ed E E		Victory . Degree PHYS DIRECTOR
AI O		22d PHYSICIANS 22e. ADDRESS 187 Q. 11 QUIN, 20 1
<b>F</b> a <b>S</b>		NAME (Type) MICHARD Y. WALRYMAKE P. Outrounder B.
DNE 4	700	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCAT ON (City or Town) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate Las been signed by the attending plysician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon paper should be filed with the State Dept. of Health pr.ar to burial, crematian, or remaval, and in any event, within 72	L	REMOVALISPECTY) 3/25/10/1/2+110x IST (FILL) VILAN LEBURGE 1/1
5 5	507	FJAPRA) QUECTOR / 2/ // ADDRESS , 250. REGISTRAR'S SIGNATURE
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SOM KEY I JOB	Z	A. FreeBet Horis UNION DRIDGE MD DATEMAR 26 1968 recents 0



1 2	MARTIAND STATE DEPARTMENT OF HEALTH	
TEOD CTATE	03736 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03730	
FUR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2h.	HOUR-
y is i ta age	GEORGE ENWARD GARLAND DEATH MATED 1997	9- M
delar and 3 M3. P frmen	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 16 LADER 17 VEAR 16 JUNES 22 DATE PRONOUNCED DEAD 2d 10st birthday) MONTHS DAYS HOURS MIN. Month 2 Day / Year / 2	OUR.
Iny delay is 2, and 3 ta PM3. Page partment af	Male   White Oct. 13, 1933   35 YRS.   3   1964   1964   1964	9 M
AND AN CHOINE	70. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ith and form form	Carroll W.C. USA W DOWED DIVORCED Carroll	Md
Pages vith for	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS of during most of working life, even lifet ped 1. INDUSTRY	OR
after death 3. Give Pago alang with with the Sta	manips cead and induspment operator	
s after 18. Gir 1 alang 2 with death.	13a USUAL RESIDENCE (Where deceased lived, frinstitution, Residence before 13c CITY OR TOWN 138 HISDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY	
John Jan	Gallott Mesturingfel in the KD	
haurs after death Item 18. Give Pages 1, Office along with farm land 2 with the State De	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last	
24 ris rs rs	Cart Garland Mary Edwards	
within 24 xamner's xamner's ile pages 72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. no. of unknown) (Hyes give war or dotes of service) 212-111-3106 (Cant. Cant. Can. and Rt. 1	
Exam Exam File p	AC CALCULATION CALCULATION TO DECKERS N.C.	
ing in indicated i	IB CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY.  APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY.	ATH
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ficate ing traded reded as a a l., and I., and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
This certificate should be exectate, writing the ward "pendin be farwarded to the Chief Med be used as a burial-transit pen ir removal, and in any event w	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D AUTOPSY?	
	WAS PERFORMED?	BCT/
	210. EXTERNAL CAUSE WAS 216 ME OF INJURY Month, Day Year 216 HOW INJURY OCCURRED (Enter negocial injury in Page 21 and 1879)	X
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INE e ce short file 3 sh atic	21d INJURY OCCURRED 21e PIACE OF INJURY At home form street 21E-JOCATION Street or R.F.D. No. (SINGE TOWN OF T	ate
EXAMINER: cute the certi age 4 should r your files Page 3 shaul cremation,	AT WORK AT WOR	1)
		<b>!</b> —
rcal 1 e exector rar. Poed for CTOR:	220. I certify that I taak charge of the remains described above, held an Autopsy , inspection , Inquiry , and in my opi death resulted fram: Natural causes , Accident X, Suicide , Hamicide , Undetermined monner	nron
Director REC		
Ty pleas y, pleas ral direct se retain tAL DIRE	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	
UTY, Iny, Pri	3-16-64	
o DEPUTY SICAL E	NAME (Type)	00
TO DEPUTY, the funeral to Funeral to Funeral to Funeral to FuneRal Haralth pr	23a BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	4
-	Burial March 18,1968 Green Cemetery RD Bakersville, N.C.	
	24 FUNERAL DIRECTOR ADDRESS 250, REC D BY REG STRAR 250 REGISTRAR'S SIGNATURE	
VR A15ME (5) 10M REV 3/68	Henline & Hughes Funeral Home Bakersville, N.C DAMAR 2 () 1969	



	MARYLAND STATE DEPARTMENT OF HEALTH	
	1 0 3 7 3 7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINED'S CEPTIFICATE OF BEATH  0 3 7 3 1	
FOR STATE	MEDICAL EXAMINER & CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED-NAME First Middle Losi 2a DATE KNOWN Month Day Year 27 170	2
y Is 1 ta age t af	DEAKY WADE GAKLAND DEATH MATED 19 A	М
P P S P S	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE In years 15 UNDER 1 VIAR 15 UNDER 24 HES 20 DATE PRONOUNCED DEAD 22 HOLL MONTHS DAYS HOURS MIN Month 3 Day 16 Year 19 G 25 HOLL MONTHS DAYS HOURS MIN MONTH 3 DAY 16 Year 19 G 25 HOLL MONTHS DAYS HOURS MIN MONTH 3 DAY 16 Year 19 G 25 HOLL MONTHS DAYS HOURS MIN MONTH 3 DAY 16 Year 19 G 25 HOLL MONTHS DAYS HOURS MIN MONTHS DAYS HOURS MAN	R_
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- E G	70 BIRTHP_ACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   9 COUNTY OF DEATH   10 COUNTRY   10 COUNTY OF DEATH   10 COUNTRY   10 CO	
far far ate	N.C. USA WIDOWED DIVORCED Carroll 10. CITY OR TOWN OF DEATH  11. NAME OF HOSP TAL OR INSTITUTION (If not in hospital   12a LSLAL OCCUPATION (Kind of work dane   12b KIND OF BUSINESS OR	Md.
Partition Partit	Hampstead give street oddress) RD. during most of warking life even if refired) Balto. Co.	
ofter death 3. Give Page alang with with the Sta	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	_
hin 24 haurs ofter death not in 18m 18. Give Pages 1, niner's Office along with farm pages land 2 with the State Dehaurs after death	odm ssion) STATE Md. 13b COUNTY Carroll Hanchester VES NO * Rt. 1	
Hemry Office Office offer d	4 FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle Last	=
1 = 1 = 1	Arthur Garland Dora Irgram	
hin 24 ncil in niner's pages haurs	16g. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT ADDRESS	-
Athi omi omi	(Yeshoor unknown) ("Yes give wor or dotes of service) Velma Garland Rt. 1 Manchester, Md.	
shauld be executed with ward "pending" in period the Chief Medical Exanunal-transit permit File in any event within 72	18. CAUSE OF DEATH (Enter only one cause per lightly (a), (b), and (c), (c) and (c), (d) and (d), (e), (e), (e), (e), (e), (e), (e), (e	=
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Me Me	DUE TO, OR AS A CONSEQUENCE OF	t
be 'pe	Conditions, if only, which gave nise to immediate cause (a), (b)	
ord orly orly	stating the underlying cause ( DuE TO, OR AS A CONSEQUENCE OF	
ite shauld be executed the ward "pending" is do the Chief Medical a buriol-transit permit ind in any event within	lost (c)	
EAL EXAMINER: This certificate shauld be executed within 24 hours offer death execute the certificate, writing the ward "pending" in penal in liem—18. Give Pages 1, or. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm of far your files.  TOR: Page 3 should be used as a buriol-transit permit file pages land 2 with the State Death cremation, ar remayal, and in any event within 72 hours after death	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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wf orw use	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?	
DEPUTY CALEXAMINER: This certifica tessary, please execute the certificate, writing e funeral directar. Page 4 should be farwarder may be retained far yaur files. EUNERAL DIRECTOR: Page 3 should be used as ealth priar to burral, cremation, ar remayal, a	196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION  20 AUTOPSY?  WAS PERFORMED?  210 EXTERNAL CAUSE WAS PRIMARY TO R CONTRIBLING TO STAND THE OF INJURY Month, Doy Year PRIMARY TO R CONTRIBLING TO STAND THE OF INJURY MONTH, DOY YEAR  211 STANDARY TO R CONTRIBLING TO STANDARY T	1
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bical Examiner: se execute the certri sctar. Page 4 should ned far yaur files. tECTOR: Page 3 shaul s burral, crematian,	CAUSE OF DEATH  2 d NJURY OCCURRED 21e PLACE OF INLERY (At hame, farm, street, 21f_IOCATION_Street or R.F.F. No . City or Joyn Cascal Conty State	_
the the ge 3	white not white facery, affice bushing etc.), are River to U.S.Z. V. VIII. 190 All.	
L EXAM Pecute th Page 4 for your R: Page		_
CAL exe d fa 108 108	22a. 1 certify that I took charge at the remains described above, held an Autapsy , Inspection M. Inguiry , and in my apinal death resulted from Natural causes Accident M. Suicide Homicide Undefermined manner	JR
please director refame or ta b		
JTY Blace everal director. be retained RAL DIRECTO prior to bur	ACTUAL SIGNATURE  ACTUAL SIGNATURE  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  22b. DATE SIGNED	
UTY, pergraph RAI	SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER SIGNATURE SI	
o DEPUTY DICA necessary, please ex the funeral director. 5 may be retained fo 0 FUNERAL DIRECTO Health prior to burn	NAME (Type)	
o p p p p p p p p p p p p p p p p p p p	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Compress Ligidal	milit.
	March 19, 1969 Immanuel Cemetery Manchester, Md.	
^	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR S SIGNATURE	
VR ATSME (5)	Tipton - Eline Funeral Home Hampstead, Md. DAMAR 2 0 1969 Villaria, Villaria	
יאעט		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03738 03732 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR after death (Type or print) Month CUT 3. SEX RACE 6 AGE (In years last buthday) IF JNDER I YEAR of LINDER 24 HRS 24 hours o **D FUNERAL DIRECTOR:** After this certificate has been sig≡ed by the attending physician and completely filled in by the director, page 3 should be detached far use as th≡ burial-transit permit. Then please remove Carban papers. Pag should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 hours 70./BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEVER MARRIED Carry WIDOWED DIVORCED 12a USUAL OCCUPATION (Kind of work done IQ. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR = during mast of working life, even if retired ) give street address) & & MANCHESTER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JAMITS? 3e STREET AND NUMBER requires that the death certificate be executed IS MOTHER'S MA DEN NAME FIRST 14 FATHER'S NAME Middle Last ک 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) Yes, no. or unknown) mon 11 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any which gave t rise ta îmmediate cause (a), l DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause) last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 2 d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark at wark 220. I certify that (1) (this haspital) attended the deceased from 1/15/ \_1969\_, and that in (my), (our) apinion death occurred on the date and hour and from the saw the deceased alive an.... couses stated above (1) I(we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCATION (City or Town) (Stote) 23o BURIAL CREMATION. 23b. DAT≨ NAME OF CEMETERY OR CREMATORY (County) **BEMOVAL** (Specify) 2Sb. REGISTRAR'S SIGNATUR REC'D BY REGISTRAR FUNERAL DIRECTO 30M REV.



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03733 03739 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2n. DATE OF DEATH deoth. after death funerol Month and (Type or print) EFFIE burial, cremation, or removal, and in any event, within 72 hours ofter 6. AGF (In years 3 SEX 4. RACE 5. DATE OF BIRTH IF EINDER 1 YEAR lost birthday) MONTHS ! DAYS HOURS SEPT. 2 YRS. 7g BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED country) U.S.a WIDOWED E DIVORCED [ The low requires that the death certificate be executed-within 24 filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR completely fil during most of working life, even if settled ) INDUSTRY (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER remov IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle puo physicion 160 WAS DECEASED EVER IN 16b. SOCIAL SECURITY NO INFORMANT (It was give war or dates of service) APPROXIMATE INTERVAL-BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY: 40 HRS CEREBRAL THROMBOSIS IMMEDIATE CAUSE (a) HUPERTENSIVE CARDIOVASCULAR DISEASE signed by the burial-tronsit p Conditions, if ony, which gave ) rise to immediate couse (a). DUE TO OR AS A CONSPONENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) hos been be detoched for use as the State Dept. of Health prior to 190 DATE OF OPERATION 20h. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO F TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TENDING PHYSICIAN: be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY ) 21f LOCATION Street or R.E.D. No. City or Town (dunty Stote While Not while ot work 22a I certify that (1) (this haspital) attended the deceased fram 3//2-. 1969 . ta 3/14 1969, and that in (my) (our) apinion death accurred on the date and hour and from the sow the deceased alive an \_\_\_\_ director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED, TO HOSPITAL OR A STAFF PHYS 22e. ADDRESS PHYSICIAN S NAME (Type) 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) (State) 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03734 03740 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME Lost 20 DATE OF DEATH Clark 24 hours after death (Type or print) Month Louis 3. SEX 4 RACE S DATE OF BIRTH IE LINDER YEAR 6. AGE (In years IE HNDER 24 HRS last birthday) DAYS HOURS Male TUN YRS vitua 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 52 NEVER MARRIED country) U.S.A CARROL WIDOWED DIVORCED [ **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the bural-transit permit. Then please remave carban page shauld be filed with the State Dept. at Health priar ta burial, cremation, or remaval, and in any event, withus? 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within give street oddress) during most of working life, even if retired) INDUSTRY, LANDSCA 13o, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3d INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY ( ARRO ) STATE Meadow NO SZ YES [7] 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last harles 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) MES. Sukesville 20 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARDIAC MMED IMMEDIATE CAUSE (o) Conditions, if only, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse CORONARY HEAFT DISEASE ATHEROSCLEROTIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO F YES 🖂 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy HOUR A.M. Year P.M. 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work at work 220. I certify that (I) (this haspital) attended the deceased fram. 3/10 . 1969 . ta \_1969, and that in (my) (our) opinion death accurred on the date and haur and from the saw the deceased alive on..... causes stated abave, (i) (we) (did) (did nat) view the body ofter deoth. SURSPATURE 22c. DATE SIGNED. ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR PHYSICIAN'S 22e. ADDRESS Westminster NAME (Type) 23a BUR-AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Memorial FUNERAL DIRECTOR 30M REV. 1 DATE



03741		301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		03735
i DECEASED NAME (Type or print) (ona	Middle	Harris	LA MARCIE 1	Doy Year 9 4 15
3 SEX Female	4. RACE White	S DATE OF BIRTH December 20	- 17	IF UNDER 1 YEAR UF UNDER 24 HRS.  MONTHS DAYS HOURS MUN.  R.S.
70. BIRTHPLACE (State or foreign country) Balto. (0. 1)		8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Carroll	
10. CITY OR TOWN OF DEATH Westminster	give street address) Co.	General Hospt		12b. KIND OF BUSINESS OR I.) INDUSTRY
odm ssion) STATE ind.	ised fived, if institution. Residence before	Greenmount YES [	NO 🗆	
14 FATHER'S NAME First Thomas	Middle Loss Smith	15. MOTHER'S MAIDEN NAME		Shearer
160. WAS DECEASED EVER IN U.S. AR Yes, 1703 or unknown) (14 yes give	MED FORCES? well of dates of service)  166 SOCIAL SECURITY 216-36-56		E. Harris Green	
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICANT CO	(c)  ONDITIONS CONTRIBUTING TO DEATH BUT N	scleritie / Lea HOT RELATED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(a)	
21g. ACCIDENT WAS UNDERLYI		YES NO	CALISES OF DEATH?	S CONSIDERED IN CERTIFYING  2, Item 18.)
at work at work  22a. I certify that (1) (1)	his haspital) attended the decease	ing 21 LOCATION Street or RED (see from 1972) 21 LOCATION Street or RED (see from 1972) 25, 19	Na. City ar Town	County State
22b. SIGNATURE	5 (facher met) view the	DEGREE PHYS  22e. ADDRESS		3/9/6 9
230. BURIA., (REMATION, 23b, REMOVAL (Specify)	March 12,69   St.	CEMETERY OR CREMATORY Peters (emetery	23d OCATION (City or Town) Baltimone (	(Caunty) (State)
24 FUNERAL DIRECTOR Tipton-Eline F	uneral Home Hamps	stead. Md.	D BY REGISTRAR 256. NEGISTAL	re Cacha Janes 9

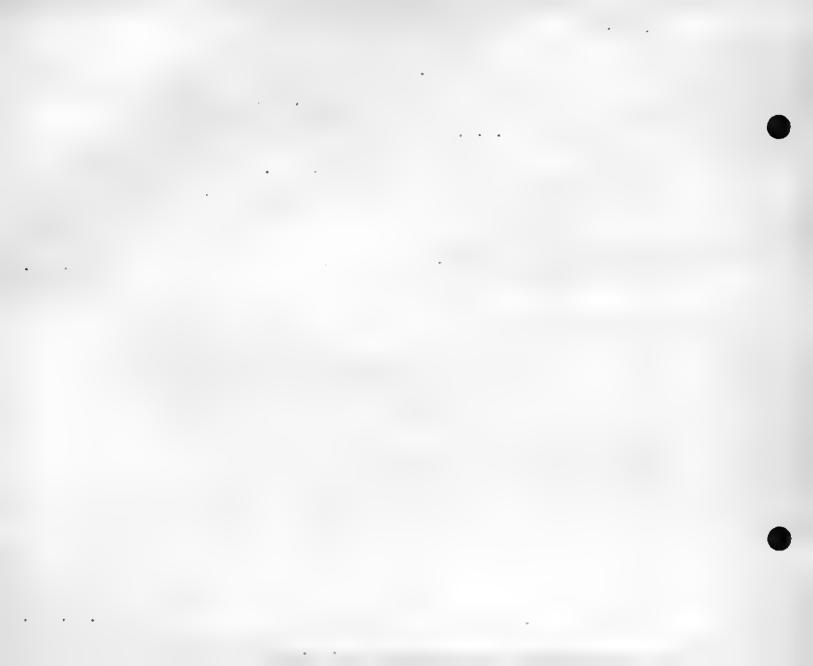
MAKTLAND STATE DEPAKTMENT OF HEALTH





	_	03743			TE OF DEATH		03737
3.		EASED-NAME First pe or print) Micha		ı Jr.	Lost	20 DATE OF DEATH  March Month 16	, Doy 1969 75 M
3	SEX	Male	4. RACE White	5	March 16,	1969 6 AGE (In yeors lost birthday)	S IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS GAYS HOURS MIN
ξQ	บทา	Md.	75. CITIZEN OF WHAT COUNTRY? USA	WIDOWED [		9. COUNTY OF DEATH Carrol	T: Md.
		Y OR TOWN OF DEATH Westminster		. Hospt	quind	UAL OCCUPATION (Kind of work d most of working life, even if retir OTLE	done 125 KIND OF BUSINESS OR INDUSTRY
13 od	o. L Imis	ISJAL RESIDENCE (Where deceases soon) STATE Md.	sed lived, if institution Residence before 13b COUNTY 15c CATTO 1/1	Hampste		13e STREET AND NUMBE Rt. 2	R
14	, F#	THER'S NAME First	Middle Lost	15 A	NOTHER'S MAIDEN NAME		ile Last
L			oseph Hogan Sr.				nther
16	Ye	WAS DECEASED EVER IN U.S. ARM s, no, or up hown) (If yes give w	MED FORCES? was of dates of service) None		ORMANT	Addre	
F	-				chael J. Ho	gan Ru. 2 nam	pstead, Md.
L	1	8 CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSED	nly one cause per line for (a), (b), and (c) D BY ATE CAUSE (a)	estes			BETWEEN ONSET AND DEATH
ı	-	777/ IMMEDIA		1			
		Conditions, if any, which gove )	DUE TO, OR AS A CONSEQUENCE OF	V			
П		rise to immediate cause (a).	(b)			<u> </u>	
П		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
П	- 13		NDITIONS CONTRIBUTING TO DEATH BUT A	AT DELATED TO T	HE TERMINAL DISCASS OF	CONDITION CIVEN IN DART 1/a)	
ı	Н	PART 2 OTHER SIGNIFICANT CON	AT DE O VELLE	A RELATED TO T	THE TERMINAL DISEASE OF	COMDITION GIVEN IN PART I(0)	
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CHO	1			ti entines	YES NO [	CALIFEC OF DEATHS	NOT COMPANIED IN COMMITTING
CERTIFICATION	5		NG 21b. TIME OF INJURY	21c. HOW		er noture of injury in Port 1 or Po	ort 2. Item IB3
83	<b>5</b> !	OR CONTRIBUTING CAUSE OF CEAT	TH HOUR A.M. Month Day Year		(6)11	and the second s	
MED	Ĕſ	If either, notify medical examing 21d. INJURY OCCURRED 21e. While 01 work	iner) P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		TION Street or R.F.D. N	o City or Town	County Stole
	F	22a. I <b>certify</b> that (I) (thi	is haspital) attended the decease	d fram	3-16_,19	67, to 3-16	, 1967 , that (I) (we) last
ш	1	saw the deceased al	ris haspital) attended the decease	9 <u>67</u> , and t	hat in (my) ( <del>ser)</del> a	pinion death occurred an th	ie dote and have and from the
	ŀ		e, (I) (we) (did) (did not) view the	oady after de	ath.	/	An Base (iQuen
	- 15	22b SIGNATURE	David a	DEGREE	ATTENDING	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED
	Ī	- ( - 1		DEGREE	PHYS.	DIRECTOR L PHYS. L	
	L	24 DHARIGIAN.2	M. Olim.	5101120			
	L	22d. PHYSIČIAN'S NAME (Type)	M. Jesm		22e, ADDRESS		
22		NAME (Type)	DATE 122 NAME OF		22e, ADDRESS	23d   OCATION /City or Young	Knimby)   Ktota)
23		NAME (Type)  BURIAL, CREMATION, 23b. D		CEMETERY OR CR	22e. ADDRESS EMATORY	23d. LOCATION (City or Town) Baltimore.	

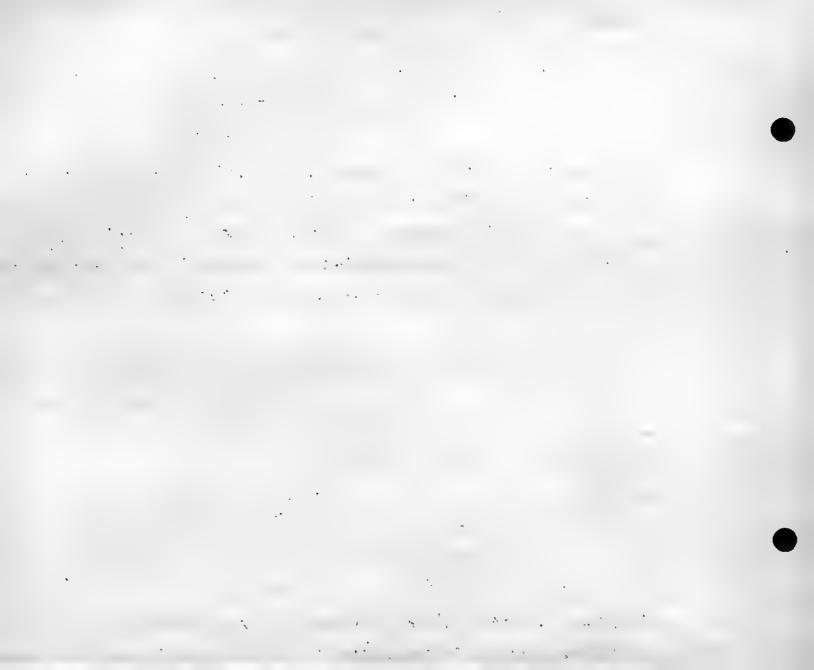




	1	03745 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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in 24 hours after filed in by the full pages. Pages 1 hirr? I hours after		BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   DIVORCED   CARROLL	Md.
mhin 24 hou y filled in b	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address)  120 USUAL OCCUPATION (Kind of work done during most of working   fe, even if retired.) INDUSTRY	F BUSINESS OR
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	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
and ii		O. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address MAIN	57.
cert/ficate be physician please hen please naval, and it		213.36-9379 HENRIETTA LAMBERT WESTMIN	STER MIL
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be age 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician af director, page 3 should be detached far use as the burial-transit permit. Then please is should be the State Dept. af Health priar to burial, crematian, ar remayal, and in		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART & DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) APPROXIMATE CAUSE (o)	ONSET AND GEATH
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TOR: hould th the		causes stated abave, (1) (did) (did not) view the bady after death.  22b. SIGNATURE 22c. DATE SIGNED	
OR A DIRECTOR See 3 seed will		ME Robertson MD DEGREE PHYS DIRECTOR DIRECTOR PHYS. 3/27	11949
ro Hospital Page 4 may ro Funeral director, pag shauld be fil		22d. PHYSICIANS NAME (Type) ME ROBERTSON 22e ADDRESS Muse Windows: My	7
Page of FUN shaul	230	BURIAL, CREMATION, REMOVAL (Specify), 3/30/69 PIPE CREEK (REMATORY) 23d EOCATION (City or Town) (County)	(State)
VR A15 4	24	FUNERAL DIRECTOR ADDRESS 2SO RECID BY REGISTRAR S SIGNATURE	ess.
30M REV 1/68	1	OD Hartsler + long New Window DAMAR 2 8 1969 filiantes Jones	6

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VIAMIL VIAIR IIRDARIMENI (IR



- 1			ID STATE DEPARTMENT OF 301 W. PRESTON STREET, BALI		0.281.0
L	03746		CERTIFICATE OF DEATH	TILD THE LIEU	03740
1,	DECEASED-NAME First (Type or print)	M ddle	Lost	20 DATE OF DEATH	2b. HOUR
	SEX Kat	herine Ellen	Larrimore	3 Month 12 Day	69 MM
	female	4 RACE white	s. date of birth 3/29/95	6. AGE (In years last birthday)	IF UNDER , YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
-	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	1.	9. COUNTY OF DEATH	
CC	Maryland	USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Carroll	az í
	CITY OR TOWN OF DEATH RuralSykesvil	11 NAME OF HOSPITAL OR IN	STITUTION (If nat in hospital 12a USU during m	AL OCCUPATION (Kind of work done nost of working life, even if retired )	12b KIND OF BUSINESS OR INDUSTRY
13	o USUAL RESIDENCE (Where decease	sed lived if institution. Residence before	13c CITY OR TOWN 13d. INS DE CITY		
) 00	mission) STATE Md.	13) COUNTY Frederick	WalkersvilleYES□?N	o none	
14	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME		Lost
14	Solomo  d. WAS DECEASED EVER IN L.S. ARM			lice -	Hahn
Ľ		rdr or dates of service) 212–38–99		spital records, S	ykesville,Md.
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ry one cause per line for (a), (b), and (c)	) 1 . 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (0) Tente &	enol far lure		DAY
	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	discon ( &	abetic ).	
	nse to immediate cause (a), Stating the underlying cause	(b) Kervall Due To, or as a consequence of	whene ( a)	avene ).	years
	last	(c)			
		NDITIONS CONTRIBLTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(o) Chi	ronic brain
2	syndrome with	CVA with behaviora			
n levi	9a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
CEPTIFICATION	210. ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY	YES NO NO		
MEDICAL	OR CONTRIBUTING CAUSE OF OEAT	HOUR A.M. Month Day Year ner) P.M	9	r nature of injury in Part 1 or Part 2,	llem 18.]
3	While Not while at work	Cottlet anithme, fit	TORY.) 21f. LOCATION Street or R.F.D. No.	·	County State
	22a. I certify that (th	is haspital) attended the deceas	ed from 1/15/ , i9_ 9 2 , and that in (1/17) (aur) ap	69 , ta 3/12/ , 19	69_, that (X (we) last
	causes stated abave	e, (P\$ (we) (did) (dPPRSt) view the	ァンニ, and that in (i <b>n-y)</b> (aur) api bady after death.	inian death accurred an the da	te and havr and from the
	22b SIGNATURE	13 [ ]		AFD STAFE 22c i	DATE SIGNED
	22d. PHYSICIAN'S	vor omin will	DEGREE PHYS L. I		3/12/69
	NAME (Type) Balb	ir Singh, M.D.	22e. ADDRESS	Springfield Sta Sykesville. Ma	
23	O BURIAL, CREMATION, 286	DATE 3/15/69 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)	m	t. Hope Cene.	Woodsboro	Fred mil.
24	FUNERAL DIRECTOR	1/2 7 TES COND	21793 250. RECO E MA		SIGNATURE VILLE
_		- Walke	DESTILLE MAI DATE III	בסכו זביי	LENG HARRIE



	1	03747			DEPARTMENT OF		
2						TIMORE, MARYLAND 2120	03741
		Item#5,FilmG411	4/7/69 km		CATE OF DEATH		
er death funeral 1 and 2		ECEASED-NAME First Type or print) Mary	Au	Middle	Lockard	2a. DATE OF DEATH Month	Doy - Year 9 355 M
the fur	3 5	Female	4. RACE	te	S DATE OF BIRTH March 28, 1	1999 (ast-birthoay)	IF UNDER 2 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN
throws after death in by the funeral pers Pages I and 72% of after death	7o.	BIRTHPLACE (Stote or foreign ntry) Frederick (o.	76. CITIZEN OF WHAT CO USA	WIDOWE	NEVER MARRIED DIVORCED	9 COUNTY OF DEATH	Md.
	, 6	CITY OR TOWN OF DEATH estminster	11 NAME O	FHOSPITAL OR INSTITUTION (H	not in hospital 12a LSL 2n. Hospital	UAL OCCUPATION (Kind of work do	12b KIND OF BUSINESS OR INDUSTRY
taw requires that the death certificate be executed within noting physician.  been signed by the attending physician and campletely fills to be be be be a carried to be the beautiful transit permit. Then please remave carbon point to burial, cremation, or removal, and in any event, within its burial, cremation.	13o adır	USUAL RESIDENCE (Where decease ission) STATE Md.	d lived if institution for IBb. COUNTY /3	tes dence before 13c (1TY to. Reis	R TOWN 13d. INSIDE CITY terstoun YES	130 STREET AND NUMBER NO 119 Glyndo	R
be exect and to remay in any	14	FATHER'S NAME First	7. Middle	Brandenburg	s mothers maiden name Susa	in E.	Gaver
erificate bu physician o nen please nen please	160	. WAS DECEASED EVER IN U.S. ARMI	D FORCES? 16b.	SOCIAL SECURITY NO. 17 3-34-0878A	INFORMANT 2. Austin M.	Brandenburg Ba	ss ulto. Md. 21207
equires that the death certific physician. signed by the attending physbucial-transit permit. Then pburial, cremation, ar removal,	F	18. CAUSE OF DEATH (Enter only					APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
equires that the death ce physician. signed by the attending bucial-transit permit. The		DART & DESTUURING CANCER	DAY.	. , , , ,	ric me	ELANOMA	10 mo.
de atter		11/1/1	DUE TO, OR AS A				
at be a different properties.		Conditions, if any, which gave	(b)				
that In. by t ons		rise to immediate cause (a),( stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF			
sicio ed l al.tr	1	last.	(c)				
r required phy an sign section to busing to busing to busing to busing the busing to busing the business the busines		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	O THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	190. DATE OF OPERATION 196 C	ONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY?		NGS CONSIDERED IN CERTIFYING
를 한 후 함 를	THE SE				YES NO	_	
AN: The all ar att icate ho for use lealth		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		IRY 21c.	IOW INJURY OCCURRED (Ent	ter nature of injury in Part I or Pa	rt 2, Item 18.)
Partie Partie	MEDICAL	(If either, notify medical examination	er) P.M.	19			
Page 4 may be retained by the haspital or atte of FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use a should be filed with the State Dept. of Illealth pressured by the state Dept. of Illealth by	[₹	at work at work	PLACE OF INJURY ( AT IN-		OCATION Street or R.F.D. N	·	County State
ENDING ned by th R: After t uld be d the State		22a. I certify that (1) (this	haspital) attende	d the deceased fram_	3/18,19	69, to 3/25	, 19 <u>6</u> 4 , that (I) (we) last e date and haur and from the
ENG R. A wild the		sow the deceased all	ve an(did) (did	nat) view the bady afte	death.	pinion death occurred an th	e dote and havr and from the
A S S S S S S S S S S S S S S S S S S S		22b SIGNATURE	2 /	0 (		TAPE STAPE	22c DATE SIGNED
Pe 3 ed y		Unicant	7. freac	es & MA	ATTENDING PHYS	MED. STAFF D RECTOR PHYS	3/25/69
O HOSPITAL OR ATTENIOR OF UNERAL DIRECTOR: A director, page 3 shauld be filed with the		22d PHYS CIAN S NAME (Type)			22e. ADDRESS		*
Page 4 m Puner Funer Should b	230	BLRIAL, CREMATION, 235 D	ATE	23c NAME OF CEMETERY C		23d LOCATION (City or Town)	(Caunty) (State)
e e e e		BLRIAL, (REMATION, 236 D SEMOVAL (Specify) Mari	ch 28,69	Ali Saints	(emetery	Reisterstown	
VR AIS AI	24	FUNERAL DIRECTOR		ADDRESS	ZSo. RECD	R 1 1969 PEGISTI	RAR S SIGNATURE
30M REV 1/68	1	. F. Eline & So	ns Roite	istown I'ld.	DATE AT	'R 1 1969 00	levels ander



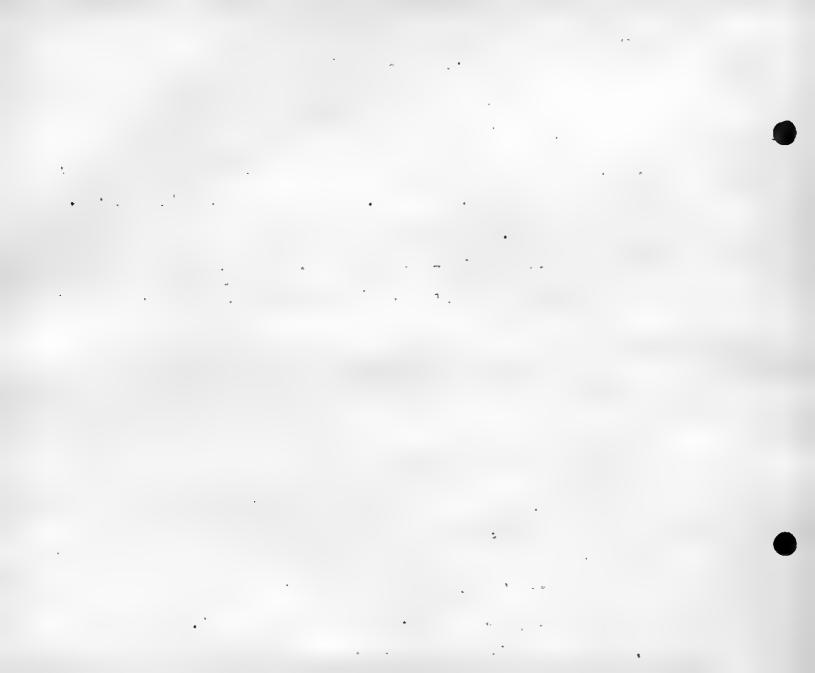
03748	DIVISION	OF VITAL RECORDS,	, 301 W. PRE	EPARIMENT OF STON STREET, BA TE OF DEATH	LTIMORE, MARYLAND 212	03	742
1 DECEASED NAME (Type or print)	First May	Middle —	Long	lost necker	2a. DATE OF DEATH  3 Manth 11	Doy 69 Year	26 HOUR 7:30
3. SEX female	4. RACE	white	S.	DATE OF BIRTH 5/14/77	6. AGF (In year last birthday)	YRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. MOURS MIN.
70 BIRTHPLACE (Stote or f		OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED   OIVORCED	9. COUNTY OF DEATH Carroll		Me
10 CITY OR TOWN OF DEA RuralSyke	sville g	II NAME OF HOSPITAL OR IN give street oddress) pringfield	State Ho	spital during	SUAL OCCUPATION (Kind of work most of working life, even if ret urses Aide	ired) INDUSTRY	BUSINESS OR
edmission) STATE Md	13% cou	Monrgomer	y Clarks	burg YES□?	NO□ Route #1		
	irst Mi	ddle lost Watkins		OTHER'S MAIDEN NAM	First Mid Mandy =		lost
160. WAS DECEASED EVER		16b. SOCIAL SECURITY			Mandy -		illips
	(If yes give wer or dates of sen				ospital records		lle. Md
18. CAUSE OF DEAT	(Enter anly one cause	per line far (a), (b), and (c				APPROX	IMATE INTERVAL DINSET AND DEATH
PART I. DEATH V	VÀS CAUSED BY: IMMEDIATE CAUSE (a)	Coronami		ciency			ırs
4119	DUE TO	, OR AS A CONSEQUENCE OF					
Conditions, if any, w	ause (a).	Congestiv		failure		1 0	lay
stating the underlyi	ng couse DUE TO	, OR AS A CONSEQUENCE OF					
	FICANT CONDITIONS CON		NOT BELATED TO TE	IE TEDMINAL DISEASE (	DR CONDITION GIVEN IN PART 1(a)	Chronic	hrain
sundromo					is with psychot		
190 DATE OF OPERATION AS		OR WHICH OPERATION WAS P		20a. AUTOPSY? YES \to NO	20b. IF YES, WERE FIND		
210 ACCIDENT WAS		IME OF INJURY  A.M. Manth Day Year	21c HOW	INJURY OCCURRED (E	nter noture of injury in Part 1 or F	ort 2, Item 18.)	
OR CONTRIBUTING [   (If either, notify med	ical exominer)   ED   21e. PLACE OF IN	P.M.	19	TION Street ar R F.D.	No. City or Tawn	County	State
22a I certify the	at (I) (this haspital	attended the decease 3/11/ (did) (orderet) view the	19 <u>69</u> , and t	hat in ( <b>stat</b> ) (aur) c	266, ta3/11/ apinian death accurred an t	, 19 <u>69</u> , tha the date and hour	t (26) (we) la and from th
22b SIGNATURE	177-6	Bamt	E 2-DEGREE	ATTENDING PHYS	MED STAFF DIRECTOR PHYS	22c DATE SIGNED 3/11/69	
22d PHYSICIAN'S NAME (Type)	Naci N. I	Buyukunsal, l	M. D.	22e ADDRESS	Springfield S Sykesville, M	State Hosp: Maryland	ital
23a BURIAL, CREMAT ON, REMOVAL (Society)	23b. DATE 3-18-	69 Wirle	CEMETERY, OR CR	am CEMETER	23d .OCAT ON (City or Joynt	Tha	(State)
24 FUNERAL DIRECTOR	Hlinht	ADDRES!	MM		/ //	STRARS SIGNATURE	old n



- 1				ID STATE DEPARTMEN		
		0.077.0	DIVISION OF VITAL RECORDS		-	21201 03743
		03749		CERTIFICATE OF DE	ATH	
1.		EASED-NAME First	Middle	Lost	20 DATE OF DEATH	1 7 2 5 T VIETO 26 HOUR
1	(1)	pe or pnnt) CAA	Luther _	LUDWIL	G- Mon	th 3 Day 23 Yelf 14 2:39
3	SEX		4 RACE	5 DATE OF BIRTH	6. AGE (	(In years IF UNDER 1 YEAR IF UNDER 24 HRS INThday) MONTHS DAYS HOURS MIN
		Male	White	March 31	1, 1908	C YRS. MONTHS DATE HOURS MAIN
70	o Bl	RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9 COUNTY OF DEATH	
Ľ	QUEII	Maryland	U.S.A.	WIDOWED DIVORCED	K Carroll Co	D. M.
18	D. CI	IY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	12a USUA, OCCUPAT ON (Kind of	
		Westminster	give street address) Co.		during most of working life, ever Carpenter	
13	30 l dmis	ISUAL RES DENCE (Where deceo:	sed lived, if institution. Residence before	No.	ENSIDE CITY LIMITS? 13e. STREET AND	NUMBER
	_	sion) STATE Maryland	Carroll	rinksgurg	S NO Rt # ]	1
1		THER S NAME First	Middle Lost	IS. MOTHERS MAIDE		Middle* Lost
L		Conrad H. Ludy			sabeth A. Schmid	
	6a. Ye	WAS DECEASED EVER IN U.S. ARI	war or dates of service)			Address
-	_	No	- 218-07-35	21   Paul C. Lu	dwig 8456 Loch	Raven Blvd 21204
	1	<ol> <li>CAUSE OF DEATH (Enter or PART 1, DEATH WAS CAUSE</li> </ol>	nly one cause per line for (a), (b), and (c)	10. 110.	V 100' 00 0	BETWEEN ONSET AND DEATH
	-		ATE CAUSE (0)	elas Alaa	rusias	e yeless
		64 4 f	DUE TO, OR AS A CONSEQUENCE OF	antoni	500	· Juosin
		Canditions, if ony, which gave rise to immediate couse (a), [	(b)	unacio	ocherasi	es pour
	- 1	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			/
	- J	ost.	(c)	INT DELATER TO THE TERRESISE DE	COLOR OR COMPLETION CHIEFLE IN DARK	17.
	1	PART 2 OTHER SIGNIFICANT CO	NUTIONS CONTRIBUTING TO DEATH BUT I	THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART	
	Š.	9a, DATE OF OPERATION 119b	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g AUTOPSY		RE FINDINGS CONSIDERED IN CERTIFYING
	2	NO. DATE OF OFERALION	CONDITION OR WHICH OF ERATION WAST	YES T	NO K	TH?
1	CERTIFICATION	I 21a ACCIDENT WAS UNDERLYII	NG 215 TIME OF INJURY		ED (Enter nature of injury in Part	1 or Port 2, Item 18.)
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Year		famous as sufact as a sufferily as a sufferily	
		If either, notify medical examing 21d. INJURY OCCURRED 21e	PLACE OF INITIPY CAT HOME, FARM, STREET FO	9- CTORY, 21F LOCATION Street or	R.F.D. No. City or Town	County State
	- 1	While Not while of work	OFFICE BUILDING, ETC.	100		0 ./
		I HOLK OF WHILE	is haspital) attended the deceas	ed from Lilley !	2-19 6.5, to Ware	1231969, that (1) (we) ld
		saw the deceased o	live on Match 7	19 <u>69</u> and that in (my) (	aur) apinian death accurred	d on the date and haur and from th
			e, (1) (we) (did) (did nat) view the	bady affer death.		00 0177 (4017)
ı		22b. SIGNATURE	- Anticon	Man Attending	MED. STAFF	22c. DATE SIGNED 3 - 69
1	ŀ	22d. PHYSIRIAN'S	1) flerance	PHYS  22e ADDRESS	DIRECTOR L PHYS	47/1/37
-	ı	NAME (Type)	LENIN SUBJEH	- a A	TMINSTER	MD 21157
=	20	DIIDIAI CDEMATIONI 1331	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City o	or Town) (County) (State)
Ž	្ស វ	DEMOVAL IT I I		Matthews		
1 2	_	UNERAL DIRECTOR	ADDRES		REC'D BY REGISTRAS 69 25b.	Maryland REGISTRAR S SIGNATURE
1	Wm	. E. Johnson	8521 Loch Raven Bl	vd. 21204		Town Old John Son
1						



MARYLAND STATE DEPARTMENT OF HEALTH



. 21 -		MAKTLAND STATE DEPARTMENT OF HEAL	
0:0	DIVISION OF VITAL	. RECORDS, 301 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201
	03751	CERTIFICATE OF DEATH	03745
- 2 · ·	I DECEASED NAME / First	Middle Lost 20.	DATE OF DEATH 2b. HOUR
death	(Type or print) HW///E	D. MURRAY	March 23 1969 12:15P
5 £ 7 8 A	3 SEX 4 RACE	S. DATE OF BIRTH	A AGE (In YOURS FUNDER LYEAR IF UNDER 24 HRS.
rs ofter deeth	Female Cau.	November 6, 189	ast birthday) MONTHS L GAYS LHOURS MIN
PP PP	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COU		ENTY OF DEATH
executed within 24 hours ofter deeth do completely filed in by the funeral energy event, within 72 hours offerdeath	country)	INVENTED [ ] MEACK WINKKIED [	
in 24 ho Hed in 1 popers.	Maryland U.S.A.  1D. CITY OR TOWN OF DEATH IN NAME OF I		Carroll  UPATION (Kind of work done   125 KIND OF BUSINESS OR
	ID. CITE OR TOWN OF DEATH IT NAME OF I	dress)   during mast of	UPATION (Kind of work done warking life, even if retired )   IDDUSTRY
wit hour	Westminster Garro	oll County Gen. Hosp. House	wife Home
P Ja Pie	130. USJAR RESIDENCE (Where deceosed lived, if institut on Resodmission) STATEMaryland 13b COUNTYCarro	Idence before 13c CITY OR TOWN 3d INS.DE CITY LIMITS?	13e STREET AND NUMBER
	odmission) STATEMaryland 13b COUNTCarro	Hampstead YES NOK	North Main Street
\$ P. 5	14. FATHER'S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME First	Middle Last
aquires that the death certificote be executed within 24 physicion. Signed by the attending physicion and completely filled burial-tronsit permit. Then please remover orbon pope burial, cremation, or removol, and in any event, within 7.	Lawrence	Snyder Amelia	Utz
ote iciol	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SC	OCIAL SECUR TY NO 17. INFORMANT	Address
hys iffic	Yes, n Nor unknown) (If yes give wor ar dates of service) 20-	-46-3516 Robert E. Murr	ay // Hampstead, Maryland
Ceri Liber May be	18. CAUSE OF DEATH (Enter any one couse of light for (c	Ob) and (4) 10	APPROXIMATE HTERVAL BETWEEN ONSET AND GEATH
ath din t	PART 1 DEATH WAS CAUSED BY MMEDIATE CAUSE (O CT	Trailer dun am	1. WELL ON 7/63
dec tremi		SEQUENCE OF	war tough
the a pe quition	Conditions of any, which gave	SEQUENCE OF PARTIES - B	Usano Para ?
at the state of th	rise to immediate couse (a), (b)	LA WEARCH IN THE	ag v g v con
# 100 in the part of the part	stoting the underlying couse DUE TO, OR AS A COI	ISEQUENCE OF	
ysice nial			200 200 200 200 200 200 200 200 200 200
the law requires that the death certificate be otherwing physicion. I have been signed by the attending physicion of the burial-tronsit permit. Then please in his prior to burial, cremation, or removol, and in	PART 2 UTHER STORIFICANT, CONDITIONS CONTRIBUTING THE	DEATH BURNOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PAX: I(0)
JING PHYSICIAN: The law reby the hospital or attending fiter this certificate has been be detached for use as the State Dept of Health prior to	3 Colling Rolling	Dogwell accept	
s bos prio	190. DATE OF OPERATION TO CONDITION FOR WHICH GPE	21.1. 1.	206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The off	\$ 3/16/109 41 blalmab	The YES NO E	
NN:   or   or u		h Doy Year 21c. HOW INJURY OCCURRED (Enter natur	e af injury in Part 1 or Port 2, Item 18.)
d figure of the second	Z (If either, natify medical exominer) P.M.	19	
PHYSICIAN: e hospirol or his certificote troched for u		FARM STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No.	City or Town County State
he he leto	While Nat while at work at work	21.1.10	3/00 13
NG yy t ter ter tate	22a. I certify that (1) (this hespital) attended	the deceased fram 3/17, 1907.	ta 3/ & 5 , 19/97, that (1) (we) last
ENDING ted by the R: After 1 uld be d the State	saw the deceased alive an 3/2	19 67, and that in (my) (our) opinion	death occurred an the date and haur and fram the
S S S S S S S S S S S S S S S S S S S	) causes stated above, (I) ( ) (d d) (the	n) view the bady after death.	· ·
ECT with with	276-SIGNATURE	ATTENDING THE MED	STAFF 22¢ DAR SIGNED
OR be r	1 - Collins	DIRECTO	R LI PHYS LI 3/23/67/
AI A	22d PHYSICIAN S NAME (Type)	DVMT = 22e ADDRESS	G Watter Handle
SPI 4 n 4ER ior,	1 (C/) 11/30 ( val)	LIGHTLE DIF MAIN	1 31 MESINATER 14 1
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or ottending physicion.  O FUNERAL DIRECTOR: After this certificate has been signed by the attendidinector, page 3 should be defoched for use as the burial-transit permit should be filled with the State Dept of Health prior to burial, cremation, or recovered.	DEMOVAL (Specific)		LOCATION (City or Town) (County) (State)
5 5 5 ± ≥ ≥	REMBYAL 19514) 3/26/69	St. Marks Church Cemetery Sr	ydersburg Carroll Md.
VR A150 0	24 FUNERAL DIRECTOR	ADDRESS N	ISTRAR 25b. REGISTRAR S SIGNATURE
30M REV.	John O HOTT.	Hampstead, Maryland DATEMAR 2	6 1969 jelianen Judge



, 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		03752 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03746
HEALTH DEPT.	1.0	ECEASED NAME First Middle Lost 20 DATE KNOWN Month	
		Type or Print) O MARIE C OTTO	Doy Year 2b HOJR
Poor	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE in years IF UNDER 1 YEAR IF UNDER 24 MPS 2c DATE PRONOUNCED DEAD	2d HQUR-
ny delay 2, and 3 PM3 Pa lartment	1	IALE WHITE APRIL 23,188) OST DIPPORTUS DAYS HOURS MIN Menth 3 Day :	29 Year 1965 A M
Survey Control		BIRTHPLACE (State or fareign 76. C TIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
2 2 2 N	(001	"//HT/(YZ/+NI) U.J.U., WIDOWED & DIVORCED   CTRROLL	CO. Md.
Pages Africa	10. (	11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street oddress) (1777 - 477 during most of working life, even if retired)	
Gye d	12	NILLE BURG WESTMINSTER RIA FARMER	
death death		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CPCORTOWN 13d NSIDE LITY CHAIS? 13e STREET AND NUMBER days ssion) STATEM ARRIVED NO PARTY COUNTY CARD DOLL INFORMATION NO PARTY FOR	TICL PURC
	14	ATHER'S MAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
INER: This certificate shauld be executed within 24 hours e certificate, writing the ward "pending" in pencil in Item shauld be farwarded to the Chief Medical Examiner's Office files.  3 should be used as a burial-transit permit. File pages I and 2 athan, or removal, and in any event within 72 hours after continue.	1	CHARLES N. MYERS CLARA	0770
hin 24 noth in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	WARDAUE.
l within n pencil Examine Frie paga	{1	es, no, or unknown) (If yes give war or doines of sarvice) 215-32-7405A CHARLES O MYERS JR	MECTMINITER
shauld be executed with ward "pending" in period the Chief Medical Examples and Jurial-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only one cause per inches (a), (b) and (c)) PART 1. DEATH WAS CAUSED BY	APPROX MATE INTERVAL  ACTIVIEN ONSET AND DEATH
e executed pending" is pending and medical mist permit.		IMMEDIATE CAUSE (0) Corpress Mediate Cause (0)	1 Sucklan
seric sit p		Canditions, if any which gave )	Same
d by Chie		nse to mmediate couse (a) (b)	1/1
shauld be e se ward "per o the Chief I burial-transit in any ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
certificate shauld writing the ward irwarded to the Ch used as a burial-tre noval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ite, writing the farwarded to be used as a bremoval, and	2		
this certificate, writh the farwar be farwar be used to removal	CERTIFICATION	19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Th s forte, be for ren	RIE		YES NO
VER: This certificate, hauld be failes. Should be tustion.		210 EXTERNAL CAUSE WAS 21b TIME OF INLURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port ) or Parl 2, PRIMARY OR CONTRIBUTING HOUR A.M.	, Item 18)
INER: e cert shaul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
		WHILE NOT WHILE factory, affice building, etc.)	Comity 210.8
JICAL EXAN ilease execute the director. Page 4 etained for your DIRECTOR: Page in to burial, crea		22a   certify that I taak charge of the remains described above, held an Autopsy , inspection , inspection , inspection	and in my apinian
ICAL E) e executor. Pag ed for ) CTOR: P		death resulted fram: Natural causes Accident , Suicide , Homicide Undetermined manne	
please I director retained		CHIEF MED CAL EXAMINER	
		ACTUAL MINA MARKET AND A SECOND ASSECTION ASSECTI	TE SIGNED _ C_ LG
PUT Sany uner y by VER		EXAMINER'S DEPUTY MEDICAL EXAMINER	3-2/1
necessary, please the funeral direct s may be retaine to FUNERAL DIRECT Health prior to lead to the prior to lead to lead to the prior to lead to l	0.0	NAME (Type) / possitive. Wo descent les the	custo areal
5 5 4 5 D X	230	BURIA_ (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town)	((aunly)
. ^	24	FUNERAL DIRECTOR ADDRESS, 250 RECID BY REGISTRAR 250 REGISTRAR	S STONATURE
VR A15ME (5)	1	L-S. mure h. Mestamater md - DATE APR 2 1968 gold	anday Judais
10/4/17/00		f flower fellow	



				ND STATE DEPARTMENT OF		
		03753	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	03747
		1)9199		CERTIFICATE OF DEATH		
4 -24		CEASED-NAME First	M.ddle	Lost	20 DATE OF DEATH	2b. HOUR
or death. funeral 1 and 2 er death	(1	ype or print) Maud	de Stem	Nusbaum	Month Doy	1960 7-AM
er o	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
# (F)		Female	White	MNKNOWN	ESTIMATED S'7 YRS	MONTHS DAYS HOURS MIN
- S ( ) ( ) ( )	7o. l	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	<del></del>
4 h 4 h 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	COUI	Maryland	USA	WIDOWED X DIVORCED	Carroll	Md
filled pope thin 7		ITY OR TOWN OF DEATH	TT NAME OF HOSPITATOR	MSH LA HON (Manot in hospitol 120. USU	AL OFFIPATION (Kind of work done	12b. KIND OF BUSINESS OR
by the hospital or ottending physician.  by the hospital or ottending physician.  After this certificate has been signed by the attending physician and completely filled programme to detached for use as the burial-transit permit. Then please remove carbon papers.	I	Wew Windsor	give street oddress) Pos	arding Home ho	ost of work ag ute, even if retired.)	own home
ed v	13e	USUAL RESIDENCE (Where deceo:	sed lived, if institution. Residence befor	e PEPEID OR TOWN 13d INSIDE CITY	IM-35?   13e STREET AND NUMBER	
executed comple complex compl	odm	ssion) STATE Maryland	13b. COUNTY Carroll	New Windsoffs N	OK RFD I	
e exe	14. 1	ATHER'S NAME First	M.ddle Lost	IS. MOTHER'S MAIDEN NAME	First M.ddle	Lost
i i i		Joseph	Ste	em Cha	arlotte	Wilt
ertificate b physician ten pleose	160.	WAS DECEASED EVER IN U.S. ARE	MED FORCES? Not or dates at service)  16b. SOCIAL SECURIT	Y NO. 17 INFORMANT	Address	
tific hys vol,		es, no, or unknown) (If yes give v	219-12-2	336 THOMAS STE	M SYKESVILLE	
rel de l		18. CAUSE OF DEATH (Enter on	aly one couse per line for (o), (b), and (	())	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he deoth cei e attending p permit. The		PART I. DEATH WAS CAUSE IMMEDI	D BY ATE CAUSE (o)	arteriosclera	tic CVO	Sears!
e de arre		41' +	DUE TO, OR AS A CONSEQUENCE O	F		
t the state of the		Conditions, if any, which gave	(b)			
thoring the by trong tro		rise to immediate couse (a), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE O	F		
res sicio sicio lal-tr		lost.	(c)			
The low requires that the ottending physician. has been signed by the se as the burial-transit in prior to buriol, cremating.		PART 2 OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
ing ing sen the	NO		Carri	your a star	nech	
the tow restructing that the seen the first the first to	3	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
등 등 등 등 수	CERTIFICAT			YES NO	]	
AN: al or core core or u		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			er noture of injury in Port 1 or Port 2,	Item IB.)
Since Spring Spr	MEDICAL	(If either, notify medical exami	ner) P.M.	19		
ATTENDING PHYSICIAN: The low requires that the death certificate bestained by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physician ashould be detached for use as the burial-transit permit. Then please rith the State Dept. of Health prior to burial, crematian, or removal, and in	~	21d INJURY OCCURRED 27e White Not while	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R F.D. No	c. City or Town	County State
te D		of work — of work —			1 11 11 11 11 11	
DIN by be be Sta		22a. <b>I certify</b> that (I) (the saw the deceased a	is hospital) attended the deced	sed from	inion deoth accurred on the do	to and hour and from the
ATTENE etained CTOR: A should		causes stated above	e, (I) (ye) (did) (did set) view th	e bady after death	mon deam decomed on the do	ne ond noor ond noor me
A Property With With		22b. SIGNATURE	7 1	TO ATTENDED /		DATE SIGNED,
OR ATTENI be retained DIRECTOR: A le 3 should ed with the		11.3.19	obertson		MED. STAFF DIRECTOR PHYS.	3/10/49
TAL O noy be AL DIR poge e filed		22d PHYSICIAN'S NAME (Type)		22e ADDRESS	1 1	20
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	_		Robertson		en wonds	min make
P HC Poge Sirect	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify) Buria		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	Clonity CK (State)
	24	Burial 13.	/12/69   Bethe	Cemetery 25g RECD	NewWindsor  BY REGISTRAR 256 REGISTRARS	S-GNATURE Md.
VR A15	17	10 Block to 14.	land March	Man Man	13 1300 7	0 0
K N		NY MUNICIPALITY	DUTION / 18/11 (d	11/1/LUGAU DAIL		



- 1			D STATE DEPARTMENT OF H		
~ !	03754	-	301 W. PRESTON STREET, BALTI ERTIFICATE OF DEATH	MURE, MARTLAND 21201	03748
1. 0	DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	26 HOUR
	Type or print)  John	NMN	Offutt	Month Day	69° 7:55PM
3. S		4. RACE	S. DATE OF BIRTH		IF UNDER YEAR IF UNDER 24 HRS.
	Male	Negro	<b>\$\$</b> 12/16	last birthday)	NONTHS DAYS HOURS MIN
7a		D. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
	ntry)	22 U.S.A.	WIDOWED TO DIVORCED	Carroll	Md.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	HTHTION (If not in hospital 12a HSHA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	Svkesville	give_street address)	State Hosp	est of working life, even if retired)	INDUSTRY ??
		l'yed, if institution: Residence before	13c. EFTY OR TOWN 13d INSIDE CITY LIN		
odm	nission) STATE Marriel and	Sb COUNTY Montes	Bethesda YES NO	5063 River R	oad
14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FI	rst M ddie	Lost
1	Thomas F Of	futt	Mollie ??	Combash	
	. WAS DECEASED EVER IN U.S. ARMED	FORCES? [16b. SOCIAL SECURITY N	A 12 INCORRENT		
	Yes, no, or unknown) (1 yes give word	220-51-52	and Son Hospital reco	George Offütt rds 3800 - 1	4th ST NW
	18. CAUSE OF DEATH (Enter only	one couse per sine (a), (b), and (c))			APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED E IMMEDIATE	Y: 📉 🗸	cho Duemen	ma	( cary)
	i i i	DUE TO, OR AS A CONSEQUENCE OF	( ) ( )		
	Conditions, if any, which gave	(h) Crucio	spline Hoan!	1 tailme	Monte
	rise to immediate cause (a),( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF	3 A.	[ F 7 10,	
	last	10 cerpen	of cheral s	rear w	1907 1 Mean
	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART I(a)	()
2	CBS associated	with senile brain	disease without o	ualifying phrase	
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NOTION FOR WHICH OPERATION WAS PER		206 F YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
시 틸			YES NO		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH	121b TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port 2, It	em 18.)
MEDICAL	(If either, notify medical examiner	) P.M. 19			
2	21d. INJURY OCCURRED 21s P1	ACE OF INJURY ( AT HOME FARM, STREET FACT OFFICE BUILDING, ETC.	ORY ) 21f LOCATION Street or R.F.D. No.	City or Town	County State
	While Not while at work		30.67	5 0 00 100	A
	22a   certify that (t) (this	haspital) attended the decease	d frem		
	causes stated abave.	thr(we) (did) (promot) yiew the b	nody after death.	atun death accorred an the agr	e and have and from the
	22b/SIGNATURE	c (0) - 1			ATE SIGNED
	Anan bo	1. Junal		ED STAFF PHYS	5/9/69
-,	22d. PHYSICIAN S		22e ADDRESS	•	<del></del>
1	NAME (Type) Gracito	V. Patricio	Springfie	ld State Hospital	"Sykesville, Mc
230	BURIAL, CREMATION, 23b DA	TE 3-15-69 230 NAME OF 0	EMETERY OR CREMATORY	23d. LOCATION ICIT OF TOWN	(Caunty) (State)
	BURIA (Specify)		IONY MEM. PK	LAMBOYER PR.	GEO. MO
24	FUNERAL DIRECTOR	ADDRESS	2Sa RECD BY	1441	IGNATURE
B	Jis Juy Los.	3821 14	to LY7, W. DATMAR	19 1969 Julian	



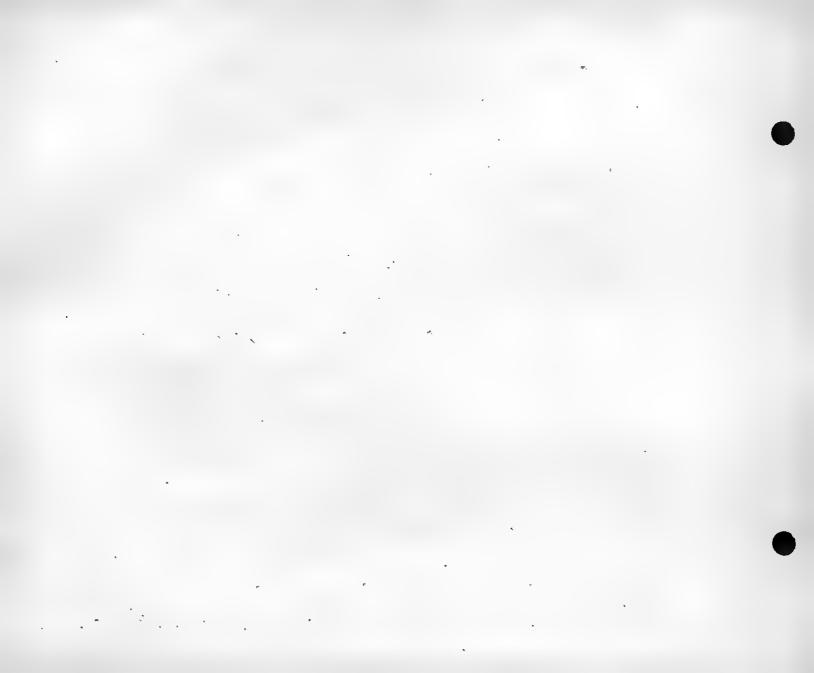


	03756 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH						
	DECEASED-NAME First Middle C. Phillips 20. DATE OF DEATH Month Doy Month Doy	Year 9:35 M					
	1 see while cane, Sept, 21,1885 1 83 YRS	15 UNDER 1 YEAR 15 UNDER 24 HRS MONTHS DAYS HOURS MIN					
(0	10. BIRTHPLACE (Stote or foreign of the country)  10. CITIZEN OF WHAT COUNTRY?  10. WIDOWED DIVORCED 9. COUNTY OF DEATH  10. STRIPPLACE (Stote or foreign	Md.					
)	0. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work ng life, even if retired.)  WESTMISTER  120 USUAL OCCUPATION (Kind of work done during most of work ng life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY					
od	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before discounty Concroll Westminder YES NO IN INSIDE CITY LIM TS? 136. STREET AND NUMBER Westminder YES NO IN INSIDE CITY LIM TS?						
	4 FATHER'S NAME First Middle Phellips IS. MOTHER'S MAIDEN NAME First Middle	Beker					
16	Yes, no at yoknown (If yes give war or dates of survice) 218-52-2941 mo Hula Winit, gent	mely Rose					
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS MONSEQUENCE OF  Conditions, it only, which gove isse to immediate couse (o).  Stelling the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	AFPROXIMATE INTEVAL BETWEEN ONSET AND OEATH					
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)						
PTICICATIO	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 216 HOW INJURY OF CHIRED. (Enter nature of injury in Port 3 or Port 2.1)						
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  [If either, notify medical examiner) P.M. 19						
1	While Not while of work OFFICE BUMDING, ETC	County Stote					
	220. I certify that (I) (this haspital) attended the deceased from	te ond hour and from the					
	Seauth Buff. BEGREE ATTENDING DIRECTOR DISTAFF DIRECTOR D	DATE SIGNED 7 MARCH 69					
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 19 Ridge Rd. Westron.	noter, MN.					
	230. BURIAL CREMATON, REMOVAL (Specify) 3/20/69 Dew Park much Com Amalloral.	(County) (Stote)					
24	24. FUNERAL DIRECTOR  250. RECOLORS REGISTRANS  ADDRESS	MEMANDIE					

MAKTLAND STATE DEPARTMENT OF HEALTH



S. All	1			ID STATE DEPARTMENT		
to the		03757			, BALTIMORE, MARYLAND 21201	03751
i		1,0101		CERTIFICATE OF DE	ATH	00197
reral ord 2		CEASED-NAME First	Middle VV	RICKELL	20. DATE OF DEATH  77 A12C L. Month	Doy/5 Yeor/967 6 HOUR
executed within 24 hours after death and completely filled in by the funeral emave carban papers. Page 1 and 3 any event, within 72 hour after leath	3. 5		4 RACE white	S. DATE OF BIRTH	6. AGE (In years	F JINDER 1 YEAR IF LINDER 24 HRS. MONTHS CIAYS HOURS MIN.
by P		RIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED PREVER MARRIED	9 COUNTY OF DEATH	
d in d in 72 h	(0)	farmel Co.	USA	WIDOWED DIVORCED		Md.
vithin 24 hour	10.	ity or town of DEATH			20 USUAL OCCUPATION (Kind of work doil luring most of working life, even if retired	
and campletely filled in remave carban papers.		USUAL RESIDENCE (Where deceds ssian) STATE	sed lived, if institution. Residence before 13b. COUNTY Council.		ISTORE CITY LIMITS? I3e STREET AND NUMBER	Dox 330
	14.	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN	NAME First Middle	A his ker
G PHYSICIAN: The law requires that th∎ death cartificate be executed the hospital or attending physician.  This certificate has been signed by the attending physician and camplet detached for use as the burial-transit permit. Then please remave carrie and the prior to burial, crematian, ar remaval, and in any event,	16a	WAS DECEASED EVER IN L.S. ARM es, no or unknown) (If yes give w	MED FORCES?  Ver or dates of service)  2/3-05-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. Rechell Was	
Cart g pt Then mav	F	18. CAUSE OF DEATH (Enter on	v one cause per line for (a) (b), and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
atenting p		PART 1. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	why Cine	enerolises.	7
atte		1,	DUE TO, OR AS A CONSEQUENCE OF	A.	0 1 11 .77 1	*>
the sit punding		Conditions, if any, which gave a	(b) // Levery	( decenous)	Ceft (/ Stenet-	. ,
res tha sicial ed by al-tran		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	0		
r requires t mg physicio en signed l ae burial-ti	_	PART 2. OTHER SIGNIFICANT COL	NOITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISE	EASE ORCONDITION GIVEN IN PART 1(0)	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transferor, page 3 shauld be detached for use as the burial-transferor of the filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial.	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY? YES	NO CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
NN: I ar are us us lealth		21a. ACCIDENT WAS UNDERLYIN			D (Enter nature of injury in Part 1 or Part	2, Item 18.)
Pital Pital af the	MEDICAL	OR CONTRIBUTING CAUSE OF BEAT (If either, notify medical exami	ner) P.M.	9		
DING PHYSIC by the hospit (frer this certi be detached State Dept. af	×	21d INJURY OCCURRED 21e. While Not while at work at work	PLACE OF INJURY ( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or I	R.F.D. No. City ar Tawn	County State
DING by t ffer ffer be o	L	22o. I certify that (I) (th	is hospital) attended the deceas	ed from 18 acc 11	, 19 ( 1, to Waseh 15,	19 <u>69</u> , that (I) (we) lost
OR ATTENDIN OP retained by IIRECTOR: Affele e 3 should be ed with the Sta	ш	saw the deceased a	e, (I) (we) (did) (did not) view the	badv after death.	opinion death accurred on the	dote and hour and from the
R ATTEN retained recTOR: #	П	22b. SIGNATURE	2 /17 /		2 4470 27477 2	2c DATE SIGNED /
DIRE be 3 de 3 de 4		Janet.	E Bush	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	3/15/69
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be d Should be filed with the State		22d. PHYSICIAN'S NAME (Type) 0 5 C	ph E. Bush	MID 22e ADDRESS	MPSTEAD NO	arypards
HOS ige 4 FUN recto	230.	BURIAL CREMATION, 23b.	DATE 230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Tawn)	(County) (State)
5 5 5 5 W	1	REMOVAL (Specify) 3	119/69 Ati	This Cemila	y Whitnessell	of Carrell ma
VR ATS (1) SET	24	FUNERAL DIRECTOR	and Land Land	1 - 1 250	MAR 1 0 1000 177/4	ARS SIGNATURE
South ure a land	-	- 2-1 ruger	1 H, West Man	Alexaller - DA	1000	100





1	MARTLAND STATE DEPARTMENT OF HEALTH	
	03759 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	3753
deoth weral and 2 death	DECEASED NAME First M.ddle Lost 20 DATE OF DEATH March Month 4 Doy 1968	26 HOUR 8:45A <sub>M</sub>
s office to	3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years last by lady) 7 VRS. Months	I YEAR IF UNDER 24 MRS DAYS HOURS MIN
d in by 72 hour	70 BIRTHPLACE (Stote or foreign Country) 75, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH CATTOLIC COUNTRY Maryland U.S.A. WIDOWED DIVORCED 9	Md
ond completely filled in remove carbon paper in only event, within 72	11. CITY OR TOWN OF DEATH  Sykesville  12. USUAL OCCUPATION (Kind of work done of w	CIND OF BUSINESS OR STRY
cuted v omplete	13a. USUA. RESIDENCE (Where deceased lived, function on Residence before 13c CITY OR TOWN admission) STATE Maryland 18b COUNTBalto. City Baltimore 13d MISSIOF CITY M 157 13e STREET AND NUMBER 2008 Maryland Av	venue
one be exection and control co	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Harry Rosenberg Ginnie Brown	Lost
hysician on please	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 161 yes give war or dates of service) 212-26-2344  16b. SOCIAL SECURITY NO 17 INFORMANT FREE BURIAL SOCIETY Address MR. MC	OSE MORRIS
ding b	18 CAUSE OF DEATH (Enter only one couse per the for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:	APPROX MATE NTERVAL PL
the denter a permit permit permit permit on, o	Conditions, if any which gave a	Weeks
equires that the death certificate to physicion. Signed by the attending physician burial-transit permit. Then please burial, cremotion, or removar, and	rise to immediate cause (a). stating the underlying cause lost  [b]  DUE TO, OR AS A CONSEQUENCE OF	
requenting physics of purices of	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)  CBS, Huntington's chorea, with psychotic reaction	
Page 4 may be retained by the hospital or ottending physician.  To Funeral or artending physician.  To Funeral Directors. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 4 and should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO CAUSES OF DEATH?  210, ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 216 HOW INJURY OF HOUSE OF DEATH?	D IN CERTIFYING
CIAN: 1 Infal or Inficate 1 for us of Healt	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  3	
by the hospir fler this certi be detached State Dept. of	21d INJURY OCCURRED While Not while of work of	y Stote
OR ATTENDING PHYSTCIAN: be retained by the hospital or NRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heal	22a. I certify that (I) (this haspital) attended the deceased from 12-15-16), to 3-1-, 1969, saw the deceased drive an 3-11-19-69, and that in (my) (our) opinion death occurred on the date and causes stated above, (I) (we) (did) (did nat) view the body after death.	that (I) (we) last hour and fram the
RECTOR: / 3 should with the	22b SIGNATURE ATTENDING MED STAFF 22c DATE SIGN	
moy be RAL DIR	22d. PHYSICIAN S-NAME (Type) Octavio A. Ruiz, M.D.  DEGREE PHYS  22e ADDRESS  Springfield State Hospital	7
TO HOSPITAL Page 4 may TO FUNERAL I director, page should be file	230 BURIAL, CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County REMOVALISPECTY) 3-10-69 OHEB SHALOM & BALTIMORE, MARY L	
VR AI	24 FUNERA. DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD  DATE MAR 1 3 1969	
11350		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03754 03760 CERTIFICATE OF DEATH DECEASED-NAME First Last 2g DATE OF DEATH 2b HOUR (Type or pont) 3 3. SEX 6 AGE (In years F JAIDER 1 YEAR within 24 hours offer DAYS lost dumaily) HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH country) filled in CARROLL DIVORCED WIDOWED | within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired } INDUSTRY please remove carba? the ottending physician and completely sit permit. Then please remove carba event, 13a SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER PHYSICIAN: The law requires that the death certificate be executed YES TXL NO UNKNO director, page 3 should be detoched for use os the burial-tronsit permit. Then please remo-should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any 14. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if any, which gave) To FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED City or Town State County While Not while 220. I certify that (1) (this hospital) attended the deceased from 2102, 13, 19 43, to \_, and that in (my) (our) apinion death occurred an the date and hour and fram the saw the deceased alive an (did not) view the body ofter death. couses stoted above, (1) 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (State) 23a BURIAL, CREMATION, (County) 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH





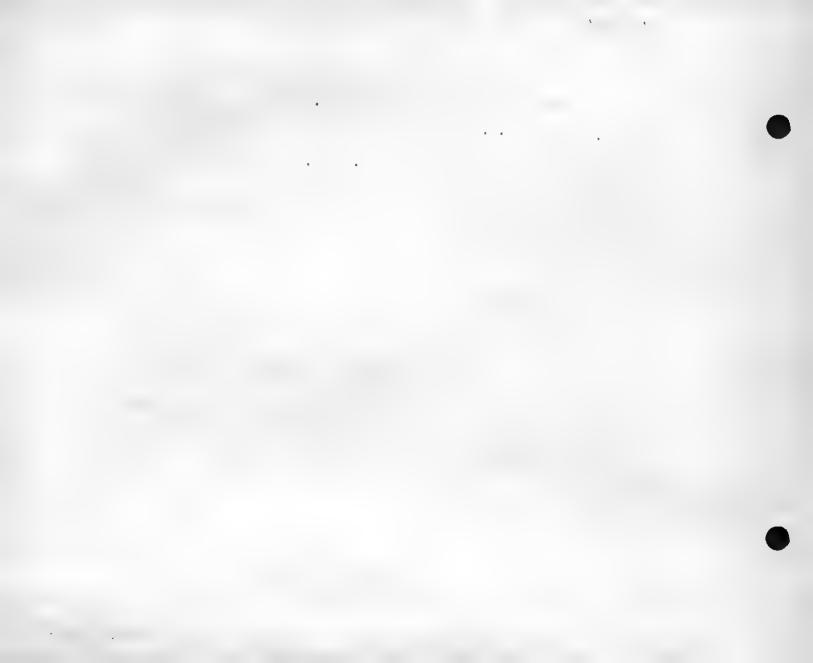
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03756 03762 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 2g. DATE OF DEATH ours after death. after death funeral Tond (Type or print) MAUDE SEIPP 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF INDER 1 YEAR last birthday) MONTHS T DAYS HOURS FER. S YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED day exent within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of work og life, even if retired corbon INDUSTRY and completely temove corbon 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER ANN 136 COUNTY 2 YES IZ 14 FATHER'S NAME M.ddfe Lost 15. MOTHER'S MAIDEN NAME First Middle Last TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and director, page 3 should be detached for use as the buriol-transit permit. Then please is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in 16b. SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address ADD Yes, no, arunknown) (If yes give war or dates of service) 218-37-15 APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY. GENERALIZED METASTATIC DISEASE MOS IMMEDIATE CAUSE (o) Conditions, if any, which gave) OF BREAST - (L) CARCINOMA rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) INSUFFICIENCY ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 20a AUT PSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INSURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a I certify that (I) (this hospital) attended the deceased fram 3/12- 1969 , to 3/12 1969, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on\_\_\_\_\_ couses stated above, (1) (we) (did) (did not) view the body after death 22b SIGNATURE STAFF PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (State) (County) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRARY SIGNATUR 1969 30M REV.



	i.	D		STATE DEPARTMENT OF I		
7		03763	IVISION OF VITAL RECORDS, 3 CE	RTIFICATE OF DEATH	IMORE, MARTLAND 21201	3757
death. nerol ond 2 deoth.		ECEASED NAME First Type of print) OL/U	Middle FEARL	S/NES	20 DATE OF DEATH  Mar Month 25 Doy	19 (eog 12 P M
rs after death the funerol Rages I and 2	3 5		A. RACE WHITE	S. DATE OF BIRTH	6 AGE (in years last by the bay)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
hou hou	cau	BIRTHPLACE (State or foreign 7b ntry)  VILMING-TON DELL  CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTIT		9. COUNTY OF DEATH  CARROLL CO  AL OCCUPATION (Kind of work done	Md,
d within letely fi	1	VESTMINSTER	give street address) CARROLL CO	· CEN. HOSP during m	ost of warking life, even if retired.)	INDUSTRY
executed and complete carons any event	adn	ission) STATE MARGLAN	lived, if institution Residence before 13b. COUNTY CARROLL	SC. CITY OR TOWN (SA INSIDE CITY II)  VESTINIASTE YES NO	MITS? 136 STREET AND NUMBER  POHS: EXE	TER RD
and cond cond in any	14,	FATHER'S NAME FIRST	Middle Last  ALBERT KNI	is. MOTHER'S MAIDEN NAME F		CALVATA
tificate (hysicion n please		WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY NO.	17 INFORMANT 8950-7. MRS ROB	Address 2	GITPROCTOR LANE LTO, MD 21234
NOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 and be retained by the hospital or ottending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled is director, page 3 should be defoched for use as the buriol-transit permit. Then please remove carbon page should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 and the state Dept.		IB. CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (ast.	DUE TO, OR AS A CONSEQUENCE OF  (c)  (c)  (b)  DUE TO, OR AS A CONSEQUENCE OF	ocherotic' / Leant	- December 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
w require ding physi een signe the burio	3		ions contributing to death but not	RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
The lov ottending the second the second the prior	CERTIFICATION		IDITION FOR WHICH OPERATION WAS PERFO	YES NO		
YSICIAN: Ospital or certificate thed for use to the of the often or use the ospital of the ospital	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)			r nature of injury in Part † or Part 2, I	
pHY:		While Not while		21f LOCAT ON Street or R F D No		Caunty State
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or ottending physicion. DIRECTOR: After this certificate has been signed by le 3 should be detached for use as the buriol-tranged with the State Dept. of Health prior to buriol, cre-		22a. I <b>certify</b> that (I) (this I saw the deceased alive causes stated above, (I	naspital) attended the deceased on 196	from 22, 196 9, and that in (my) (our) opi dy ofter death.		
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22b SIGNATURE S	Harsloy in	DEGREE PHYS D	NED STAFF 22c. I	DATE SIGNED
O HOSPITAL Page 4 moy O FUNERAL I director, pag should be file	02.	NAME (Type) 30/4		y no 8 auch	I Washing	The state of the s
5-5	230	BURIAL CREMATION, 23b DAT SEMOVAL (Specify) 5/2	28/69 MEADON	BRANGH CEM		(County) (State)
VR M15 (4)	1	x. 2. myers.	A. Westminsle	md. MAR	2 8 1969	as June.



			IVISION OF VII			PRESTON STRE			YLAND 212	01		
	03764		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		ICATE OF D					0375	8
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3.	sex Fomalo		4. RACE White			5. DATE OF BIRT			6. AGE (In year last birthday)	rs IF	UNDER I YFAR INTHS DAYS	HOURS MIN
7a (0	BIRTHPLACE (State or functry) GOTMAN	areign 7	CITIZEN OF WHAT	COUNTRY?	8 MARRI WIDOW	ED X NEVER MARRI	ED 9.	Carrol	DEATH	783.		Md
10.	CITY OR TOWN OF DEA Mestministe	TH		OF HOSPITAL OR INS			12a USUAL durihipongs	OCCUPATION ( 会好证的	Kind of work fe, even if ret	done red.)	12b. KIND OF B INDUSTRY	USINESS OR
ad	n JSUAL RESIDENCE (Winssian) STAFFATY	here deceosed Land	lived, if institution 13b COUNTY Ca.	Residence before	Wes	or TOWN 132 ministery	INSIDE CITY LIMIT YES NO S	13e STR Rt#L	EET AND NUMB Box 2	er 65A V	Jestmi)	nister
	Paul			Lost Simon		15 MOTHER S MA D	Johan Johan		Mid			Lost ?
16	a WAS DECEASED EVER Yes, niggo unknown)	IN U.S. ARMED 1 (It yes give war t	FORCES? 166 or dates of service)	social security i None	10.	7 INFORMANT Adolf Sta	aub		Same Add	ress		ATE INTERVAL
CEDTIBLEATION	Canditians, if any, we rise to immediate estating the underly last  PART 2. OTHER SIGN  19a. DATE OF OPERATI	inich gave (a), (ause (a), (ing cause)  IFICANT CONDITION ON 196 CO	DUE TO, OR AS A  (c)  TIONS CONTR BUTING  NOTION FOR WHICH	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF COURSE OF C	OT RELATE	200 AUTOPS	OISEASE OR CON	20b IF CAUSES	IN PART 1(a) YES, WERE FIND OF DEATH?			AR RS
SO INDICATE OF	G CIF contributing CIF either, natify med CIF either, natify med CIF While Natiwhile at wark 220. I certify the saw the de	cause of PEAM dical examiner EED 21e. PL of (I) (this ecased alive ed above,	ACE OF INJURY (AT OFF	tanth Day Year 19 HOME, FARM, STREET FAC CE BUILDING, ETC.	ortony) 211	LOCATION Street of the third that in (my) or death.  ATTENDING PHYS  22e ADDRE	ar R.F.D. No. ≥	City of toion death o	ar Town	, 19 <u>6</u> he dote	Caunty	State (1) (we) las
_	o BURIAL, CREMATION, BENOVAL (Pecify)	23b DA	TE 28/69	Garden	CEMETERY S Of			23d LOCATION Ba 1			((ounty) y Land	(State)
24	Leonard J	Ruck .	In <b>c</b> Balt	imore, M	aryla	and 2	SO REC'D BY	REGISTRAR 6 1969	3 25b REGI	TRAR SAV	MAURICA	4



FOD CTATE		03765 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	759
FOR STATE	1.0	DECEASED NAME First Middle Lost 2a DATE KNOWN Marth Da	
S P W Min		Type or Print ROBERT LEROY STERN DEATH MATED 3-19	
delay M3 Bag	3 S	EX 4. RACE S DATE OF BIRTH 6 AGE (IN years IF LADER 1 YEAR 15 UNDER 24 HRS 24 DATE PRONOUNCED DEAD	29-11048
		Male White Nov. 22, 1913 55 YRS MONTHS DAYS HOURS MIN Month 3 Day 19	Year 1964 A N
Depo	7a cour	B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form		Maryland U.S.A. WIDOWED DIVORCED Carroll  OTY OR TOWN OF DEATH IN NAME OF HOSPITAL OR MISTITUTION (If not in haspita 12a USUAL OCCUPATION (Kind of work done 12b	M b KIND OF BUSINESS OR
haurs after death any the Is. Give Pages 1, 2, Office along with farm Pond 2 with the State Department death.	1 "	Give street address) Dante O during most of wasking life, even fretired) INC	DUSTRY
G.ve	130	USUAL RESIDENCE (Where deceased lived, if institut an Residence hetere 13c CITY OR TOWN 13d INSIDE CITY UM 132 13e STREET AND NUMBER	
s after 18. G.v. for the	٥	Idmission) Maryland 13b (OUNTYCarroll Finksburg YES NO DE Route 2	
haurs office of the d	14, 1	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
2 = 2 = 2			mondson
thin 24 and I in miner's pages hours	16a. (1	WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no prunknown) (Myas give war or dates of sarvice) 219-14-1071 Mrs. Stella Stern Same A:	a #12
File		The Cause of Death (Cause on the land of the cause of the	APPROXIMATE INTERVAL .
shauld be executed ne ward "pending" in to the Chief Medical E. burial-transit permit F. I'm any event within		PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Coronary Thomas Part States (b)	BETWIN ONSET AND AFAEL
execunding Median Media		DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe ansi		Conditions, if ony! which gove nset to immediate cause (a), (b)	
shauld I e ward o the Ch vurial-tra in any		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
he y he to the burn		(c)	
INER: This certificats should be executed within 24 should be forwarded to the Chief Medical Examiner files.  3 should be used as a burial-transit permit file pages I action, or femaval, and in any event within 72 hours	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
writti war war war war	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his of the factor of the facto	ME	WAS PERFORMED?	YES NO
# T B 0	AL CE	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M	<sup>1</sup> B.)
NER should files. Sha	MEDICAL	CAUSE OF DEATH P.M. 19 2.d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (	County State
EXAMINER: cute the certifage 4 should report files. Page 3 should the cute files.		WHILE NOT WHILE factory, affice building, etc.)	31010
		22a   Certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and n my opiniar
4 X 2 T P \		death resulted from Natural causes X, Acadept , Suicide , Homicide , Undetermined manner	]
DEPUTY DIC ecessary, please e he funeral directan may be retained may be retained the place to bu		CHIEF MED CAL EXAMINER	
		SIGNATURE ASS STANT MEDICAL EXAMINER 226 DATE SIGN	NED 15-64
EPUTY ssary, funeral ay be r in ERAL		EXAMINER'S NAME (Type) Dr. W. Glenn Speicher ADESISTED TO STATE OF THE	1
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pf	230		ount a count
ļ <u>ļ</u>		Burial 3/22/1969 Lakeview Lemorial Park Carro	
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRARS SIGN	
VR A15ME (5) 10M REV 1768	C	.M. Waltz, Box 241, Sykesville, Md.   MAR 2 4 1969 /	· * .22 %

MARYLAND STATE DEPARTMENT OF HEALTH



The Property Page 2 and	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	03766 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2g DATE KNOWN Month Day Year 2h HO.
S 5 8 2 20	(Type or Print) LEVOLA JANE WARD TAYLOR DEATH MATED 3-4 - 169 7.8
and 3 M3 Pe	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years of birthday) STATE OF BIRTH 5 AGE (In years of birthday) MONTHS DATS HOURS MIN Month 3 Day 4 Year 1969 3
ss 1, 2, form P	70 BIRTHPLACE (State of Foreign 70 CITIZEN OF WHAT COLNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) CARROLL U.S. a WIDOWED DIVORCED CARROLL CO.
ofter death 8 Give Pages along with for with the State leath	10 CITY OR TOWN OF DEATH  FINKS BURG RD GIVE street address) # 140  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita during most of working) to ever all retired) INDJSTRY  HODISTRY
v = v ~ ~	13d USUAL RESIDENCE (Where deceased lived, if not tution Residence before 13c CITY OR TOWN odmission) STATE MD. 13b COUNTY ARROLL FINKSBURG YES NO BY SANDY MOUNT
P4 hours Ph Hem 1. S Office S Tand 2.	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  ALFRED WARD MARY JANE BARNES
Examine 18	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) (If yes give war at dates of service) 213-20-7002 MRS, NILLIAM E-PRICE FINKS BURG, MI
- E E E	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (gr)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Fractured Skielly Multiple  Sudden
be "pe hief ansit	Canditions, if only, which gove rise to immediate cause (a), (b)
war war the rial-	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ate g the ed t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)
his certificate, writing afe, writing afeward be used are removal,	WAS PERFORMED?  YES \ NO \
그렇게 된 이	PRIMARY OR CONTRIBUTING HOUR AM 3-4 1969 Patter in Theritof Muller
XAMII te the ge 4 s yaur f yaur f crema	AT WORK AT WORK Of Dill But O Red & Route 100 1/12 mi Cast Fink shing Carrolled
CAL E executor Formal F	22a   certify that I took charge of the remo ns described above, held an Autapsy , inspection , inquiry , and in my apmia
o DEPUTY COLC.  necessary, please ethe funeral directal  s may be retained  D FUNERAL DIRECT  Health priar to bu	death resulted from Natural couses, Accident Suicide, Homicide, Undetermined manner
ple ple reformed in 1 direction 1 directio	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL EXAMINER (1) 22b. DATE SIGNED
necessary, pleathe funeral directions of may be retained from the funeral bill Health priar the Health priar the funeral bill health priar the funeral bill health priar the funeral bill health from the funeral bill heal	EXAMINER'S  DEPUTY MEDICAL EXAMINER   A 3-4-69
o DEPUT necessary the funer 5 may be 5 EUNERA Health p	NAME (Type) ANDRESTINE INCOME CONCESSION DESTRUCTION CONCESSION
<b>ひ</b>	230 BURAL REMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL (Specify) 3/7/69 EVERGREEN CEMETERY BETTYSBURG PENNA
VR A15ME [5] 10M REV 1/68	24 EUNERA DIRECTOR 250 REC'D BY REGISTRAR 250 REG STRARY SIGNATURE DATE MAR 10 1969 Charles Judge



1			DIVISION OF VITAL REC		DECTANIMENT				
1		03767	DIVISION OF THAL REC		CATE OF DEA		MAKTLAND 21201	03761	
death.	1. 0	ECEASED-NAME First Type or print)	Middl	•	Lost		TE OF DEATH Month Doy	Yeor 2b.	HOUR
an, or removal, and in any event, whithin 72 hours affer as	3. 9	Delane	Y Hanson		White		3	2 69 1	5:551
	J. 3		Negro		s. DATE OF BIRTH	10	6. AGE (In years lost birthday)	MONTHS DAYS HOURS	R 24 HRS
	7n	Male BIRTHPLACE (Stote or foreign	7b CITIZEN OF WHAT COUNTRY?	R	1		28 YRS.		
	COL	ntry)		WIDOWEL	NEVER MARRIED		Carroll		** 1
	10.	lary land	11 NAME OF HOSPITA	. OP INSTITUTION /H	not in hounited 12a	<u> </u>	T ON (Kind of work done	12b KIND OF BUSINES	Md.
6	\$	Sykesville	give Higet address)	Mala Sta	te Hosp. dur		king life, even if retired)	INDUSTRY	), U.K
States.	13o odn	USUAL RES DENCE (Where deceose ission) STATE Mary land	ed lived, it institution: Residence   13b COUNTY	before 13c CITY C	R TOWN 134 INSID	E C TY LIMITS? 13	SIREET AND NUMBER 515 Bloom		
	14	FATHER'S NAME First	Middle	Lost	15. MOTHER S MAIDEN N	AME First	Middle	Lost	
-		Alfred		White	Lou	aise		Talafar	0
	160	WAS DECEASED EVER IN U.S. ARM	and the first transfer of the second		INFORMANT		Address	Sykesy	jøle
		'es, no or unknown) (If yes give wo	217-3	8-2425	<b>B</b> pringfi	eld Sta	te Hosp .Rec	ords	:d.
		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y one couse per line for (a), (b),	ond (t))				APPROXIMATE INTE BETWEEN ONSET AND	RVAL DFATH
		PAKI I. DEATH WAS CAUSED IMMEDIA	IE CAUSE (0) Lobar P	1 umonia				Dairs	
		5710	DUE TO, OR AS A CONSEQUE	NCE OF					
	1	Conditions, if any, which gove rise to immediate cause (a),	(b) Portal C	irrhosis	of Hear			mo.or	vrs.
		stoting the underlying couse	DUE TO, OR AS A CONSEQUE	NCE OF	OI TIVEI				
	ш	last.	(c)						
	Ш	PART 2 OTHER SIGNIFICANT CON		BUT NOT RELATED	TO THE TERMINAL DISEAS	E OR CONDITION	GIVEN IN PART 1(o)		
	NOI	Alcoholism	n (Addiction)	ANAC DEDECADATE	Too humanin	100	N . C. W. C. LLED FOUR PRINTS CO.		
,	FIG	TYD. U	ONUTION FOR WHICH OPERATION	MA2 LEKLOKWED	20o. AUTOPSY?	1.0	Ob. 1F YES, WERE FINDINGS CO AUSES OF DEATH?		NG.
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	G 216. TIME OF INJURY	[91.	- ago	//feter estum of	Injusy o Port I or Port 2, if		
		TO OR CONTRIBUTING TO CAUSE OF DEATH	HOUR A.M. Month Day	Yeor	HOM HATOK! OCCURKED	feurer norme of	miluty or root 1 of Port 2, if	rem 18.)	
	MEDICAL	(If either, notify medical examin 21d INJURY OCCURRED 21e	er) P.M.  PLACE OF INJURY (AT HOME, FARM, S OFFICE BUILDING,	IREET, FACTORY, \ 21f	LOCATION Street or R.F.	D. No.	City or Town	County	Stote
		While Not while of work					•		
		22a. I certify that (1) (this saw the deceased al	s haspital) attended the d	eceased fram	2-28-69	19, ta	3-2-69 , 19	, that (f) (v	ve) last
		causes stated abave	(l) (we) (did) (did nat) vie	w the body ofter	rdeath.	abilitau aet	ith accurred an the dat	e and havr and tr	am the
		22b, SIGNATURE						ATE SIGNED	
		thank !	. John c.	V DEC	REE PHYS.	MED. DIRECTOR	☐ STAFF ☐ 3.	-2-69	
,		22d. PHYSICIAN S			22e. ADDRESS				
		NAME (Type) Gracit	o X. Patricio	M.D.	Sykes	ville,	Maryland 217	34	
	230	BURIAL (REMATION, 23b. D	ATE 23c NA	ME OF CEMETERY O			CATION (City or Town)	(County) (Stot	e)
		REMOVAL (Specify) 3-	6-69 N	T. AUR	2410.	n. 7	BALTO. 1	rol.	
2	24.	FUNERAL DIRECTOR	A	DDRESS		EC'D BY REGISTRA	AR 2Sb. REGISTRAR S	SIGNATURE	
ð	12.	R. Briley-Kel	500 F.N. 134	& Calh	CILLY COPATE	MAR 5	1969 Stoles	year Judge	



16	MARTLAND STATE DEPARTMENT OF HEALTH  OPTOD  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
129	03768 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	03762	
± −2±	1 DECEASED-NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR	
ter death. funeral s 1 and 2 ter death.	(Type or print) Annie (NMN) Williams (Harris) 3-1-69 Month Doy	Yeor 6:10aM	
n 24 haurs after or lled in by the fun papers. Pages 1 (in 72 hours after or in 72 hours afte	3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF)	UNDER I YEAR   IF JINDER 24 HRS	
s af the age	Female Negro 8-13-1884 84 YRS.	NTHS DAYS HOURS MIN	
nin 24 haur filled Timby papers, P	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   B MARRIED   NEVER MARRIED   9. COUNTY OF DEATH		
d-10	Maryland u.s.a. WIDOWED X DIVORCED Carroll	Md	
within 24 haurs after death	alve street oddress) during most of working life aven if set red \	12b KIND OF BUSINESS OR INDUSTRY	
	Sykesville Springfield St. Hospital Housewife  130 USUAL RESIDENCE (Where deceosed lived if institution Residence before 13c CITY OR TOWN 13d inside CITY LIM TS? 13e STREET AND NUMBER		
and complete remove corbin on event,	Maryland   Balto City Baltimore   YES   NO   2536 Madison Av	70 <b>-</b>	
Le re	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost	
be se i	John Harris Temperance Simms		
The law requires that the death certificate be executed attending physician. has been signed by the ottending physician and complesse as the burial-transit permit. Then please remove to the prior to burial, cremotion, or removal, and in any event	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No  16b. SOCIAL SECURITY NO 17 INFORMANT 2 17-30-4240-A Springfield St. Hosp. Records		
Cert The p	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH	
ndir ndir nit.	PART I. DEATH WAS CAUSED BY Bilateral confulent broncho-pneumonia.	davs	
offe on, c	4 85 X DUE TO, OR AS A CONSEQUENCE OF	G40,7 30	
the sit p	Conditions, if ony, which gave y		
that in. by I fans	rise to immediate cause (a).    stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF		
sicic sicic al-th	lost. (t)		
equires that th physician. signed by the burial-transit p	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)		
ing ing the	E CBS with senile brain disease, with psychotic reaction.		
AN: The law red of or attending ficote has been s for use as the been the old the old the prior to be the been	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONS.	DERED IN CERTIFYING	
The rath of the polity of the	¥ES ☑ NO ☐ CAUSES OF DEATH?		
JAN: ol oi iicote for u Heo	The first of the	1B.)	
Signature of the control of the cont	[If either, notify medical examiner) P.M. 19		
OR ATTENDING PHYSICIAN: The law rabe retained by the hospital or attending JIRECTOR: After this certificate has been in 3 should be detached for use as the ed with the State Dept. of Health prior to	21d INJURY OCCURRED While Not while of work  21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) OFFICE BUILDING, ETC  OF WORK  21d INJURY OCCURRED City or Town  City or	ounty State	
ATTENDING stoined by it CTOR: After i should be di ith the State	22a. I certify that (1) (this haspital) attended the deceased from 2-1(-00 19 ta 3-1-09 19	, that (I) (we) last	
C. Al	saw the deceased glive an 3-7-69 19 and that in (my) (gur) applian death accurred on the date of	and hour and from the	
ATTENI etoined CTOR: A should ith the	causes stated abave, (i) (we) (did) (did nat) view the bady after death.	FIRST	
TO HOSPITAL OR ATTENING Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	280 SIGNALUR WED TO STAFF STORE OF THIS DIRECTOR PHYS 3	-1 - 6-Q	
AL D Suggestion of the suggest		nital	
SPIT 4 m or, 1 d be	22d. PHYSICIAN S NAME (Type) Antonius Glahn, M.D. 22e ADDRESS Springfield State Hos Sykesville, Maryland	21784	
O HOSPITAL Poge 4 moy O FUNERAL director, pog should be fil		County) (State)	
07 07 ja s		aryland	
VR A15 PAD	MORTON & DYETT F.H. 1701 Laurens St. WAN 4 1969 TOTAL SIGNATURE	MT RE	
45M - 1/49	MORTON & DYETT F.H. 1701 Laurens St.	0 1	

mu 1 mm



			MAKTLAND STATE DEPAKTMENT OF HEALTH								
3	3 03770			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH					03764		
leath.		CEASED-NAME Ype or print)	First EDN	A	Middle R •	WR	Lost IGHT	20. DATE	OF DEATH Month 2 7 Day	(9 6°5	26. HOUR
after of the second	3. SE	x Female		4. RACE Whi	ite	S.	DATE OF BIRTH	1902	6. AGE (in years last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
24 haurs after death ed in by the fragala ppers Pages and 27 hours affer geath	70	HRTHPLACE (State or forestry) Maryland	gn 7	U.S.	AT COUNTRY?		NEVER MARRIED	9. COUNTY			
xecuted within 24 his campletely filled in nove corban papers ny event, within 72 h	10. 0	ITY OR TOWN OF DEATH estminster		11, NA/	ME OF HOSPITAL OR INS	THUTION (If not i	n haspital 120. US	UAL OCCUPATION	ON (Kind of work done no to seven if telesed)	126. KIND OF BI INDUSTRY	USINESS OR
executed within a campletely fille move carban pany event, within	130 adm	USUAL RESIDENCE (Where ssion) NATE ylar	deceosed ad	101 COLINITY	n. Residence before	Sykes	IN 13d INSIDE CITY		STREET AND NUMBER Route 2		
A 7 5 5 7	14, 1	ATHERS NAME First Emos	ry		orth Day	hoff	NOTHER'S MAIDEN NAME	First May	Middle	Nusbat	tost Jm
7 - m	160 Y	WAS DECEASED EVER IN L es, no, prunknown)		andatar of securit	166 SOCIAL SECURITY N		ormani Mr. Edwar	d A.	Address Wright S	ame As	#13.
PHYSICIAN: The law requires that the death certifie haspital or attending physician. his certificate has been signed by the attending physicial for use as the burial-transit permit. Then Dept. of Health priar to burial, cremation, ar remova		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED	ane couse per line		)	Trombor			APPROX.MA	ATE INTERVAL SET AND DEATH
that the d an. by the att ransit per		Canditions, if any which	se (a).	(b)	A CONSEQUENCE OF	I arte	Tustera			6 ye	
equires th physician signed by bur.al-tra burial, cre		stating the underlying last PART 2. OTHER SIGNIFICA		{t}	A CONSEQUENCE OF	OF DELATED TO T	HE TERMINAL DISEASE OF	PCONDITION G	VEN IN PART I/a)		
4: The law req or attending p inte has been si r use as the bu cath prior to bu	ATION	190. DATE OF OPERATION			CH OPERATION WAS PE		20a AUTOPSY?	205.	. IF YES, WERE FINDINGS O	ONSIDERED IN CER	RTIFYING
ICIAN: The law rapital or attending trifficate has been of far use as the of Health prior ta	AL CERTIFICATION	210. ACCIDENT WAS UNI	DERLYING	21b TIME OF HOUR A.M.	INJURY Month Doy Yeor	21c HOW	YES NO [	4	SES OF DEATH?	Item 18.)	
S PHYSICIAN the haspital this certifical detached for E Dept. of He	MEDICAL	fif either, notify medical 21d IN.JRY OCCURRED White Not white	exomine 21e Pl	) P.M.	19		TION Street or R.F.D. N	lo. C	ify or Town	Caunty	State
DING by th offer t be de State		220. I certify that	(I) (this	hospital) otter	nded the deceose	d from	ر ح <u>ب او</u> hat in (my) (aur) a	ر کے , ta_ pinion deot	hazz, 19 h accurred on the da	65, that (	I) (we) lost nd fram the
ATTENI e retained RECTOR: A 3 shauld d with the		22b. SIGNATURE	obove,	(I) <del>(we)</del> (did) (i	did not) view the	body offer de	ATTENDING PHYS	MED.	STAFF 22C	DATE SIGNED	
PITAL OR I may be ERAL DIR ar, page 3 d be filed		22d. PHYSICIAN'S NAME (Type)	1041	1 S. HA	RSHEY	MP	22e. ADDRESS		Westminst	in, my	
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be file		BURIAL, CREMATION,	23b D#	™ 30/1969	Locus	cemetery or cr t Grov	e Cemeter	· V		(County)	(State)
WR A15 MI	24 C	funeral director M. Walt:	z, B	ox 241,	ADDRESS Sykesv	ille,	Md. DATE AF	R REGISTRAR	1969 Jacob	SIGNATURE	136



. 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
+	03771 CERTIFICATE OF DEATH 03765
£ _ 2 £	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
r death unerol 1 and 2	(Type or print) SAMUEL HERBERT YINGLING 3 13 69 9P M
fun er o	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years I IF UNDER PEAR IF UNDER 24 HRS.
aft of the	Male White 11-8-1888 lost birthdoy) RRS. MONTHS DAYS HOURS MAIN
Sin aff	70. BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 7 9. COUNTY OF DEATH
4 :285	Maryland USA WIDOWED DIVORCED Carroll Md
in 2 iillec pop hin	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF RUSINESS OR
e executed within 24 hours after death and completely filled in by the funerol remove carbon papes. Fages: I and in any event, within 2 hoursafter death	MANCHESTER Give street oddress)  MANCHESTER GOVEN NUISING HOME CARPENTER Forence
omplete ve cort	13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before   13c. CITY OR TOWN   13d. INSIGE GITY LIMITS?   13e. STREET AND NUMBER
10 S S S S S S S S S S S S S S S S S S S	odmission) STATE Mary and 13b. COUNTY CARROLL WEST MINS TO YES NO 190E Green
and com	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
Se din din	FRANCIS XINGLING ANNA HORRY
icote b	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) (If yes give wer or dates of service)  17. INFORMANT  Address
n va	TES, no, of UNKNOWN) (1745 gree wall of control of Server) 218-05-7517 (ILLIAN M. YING/ING. WESTMINSTER N
ne death cer offending p permit. The	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b); and (c).)  PART I. DEATH WAS CAUSED BY:
endi mit.	IMMEDIATE CAUSE (o) from hy collision
off off ion,	DUE TO, OR AS A CONSEQUENCE OF
the the noti	(b) Galinos, if ony, which gove (b) Galinoch text Curdi Versula December 18 (b)
troi troi	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that th physicion. signed by the burial-tronsit i	PART 2. OIHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
requestion signatures of the signature o	PART 2. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMITION GIVEN IN PART 119
e law re tending os been as the prior to	190. DATOF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The law re he hospital or attending this certificate has been letached for use as the Bept. of Health prior to	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
TAN. Ital of ficot for for f Hec	
S PHYSICIAN: the hospital or this certificate detached for u e Dept. of Heol	2 21d INITIAL OF CHIRDER 121a PLACE OF INITIAL AT HOME FARM, SIRRET, SACTORY, 1 21f LOCATION Street of R.F.D. No. Gity of Town County State
PHYSI ne hosp this cer etache Dept.	While Not while of work of work of work
by the	220 Legitive that (1) (this haspital) attended the deceased from believe 7. 1967, to March 13 1969, that (1) (wal los
rending the state of the state	saw the deceased glive an March 12 19 67, and that in (my) (own appian death accurred an the date and haur and from the
ATTENT retoined ECTOR: A 3 should with the	causes staked abave, (I) (we) (did) (did-not) view the bady after death.  22b. SIGNATURE 22c. DATE SIGNED
REC 3 sl	220. SIGNATURE STAFF DIRECTOR
L OR be r	224 DHIVETIAN'S 226 ADDRESS
RAIL RAIL Pe be	NAME (Type) Jokeah E. Bush MO HAMPSTEAD Marylord
D HOSPITAL OR ATT Page 4 may be retain D FUNERAL DIRECTO director, page 3 sho should be filed with	230. BURIAL CREMATION, 23B. DATE, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be constituted by the State should be filed with the State	BEMOVESPECHIL 3/16/69 PROTTDENCE CEM. GAMBER, CARROLL, md.
VR A15VADO	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 196 350. REGISTRAR 196 350
30M REV. 1268	L. Z. Myers, Ay West Minler, MA. DATE

17750 THAT ET THE THE THE THE TENTH IS AT THE Make your Te July States Mary new USA Canally : MANYEHESTER LUGARIAN KINSAY HONE CAPPENTER GARAL Maryland CHAMEN HESTHINGS - 190E GARN FRANCIS YMELING ARMA HARRY LO SERVICE THE CONTRACT OF FRANCISCO METER MINISTER AS Charles haveralted Cirl Sta Culii soo li Marier Use my last worm of Charledge James for malorters The stand of the s Jan 14 El Bushilles X 5-15-65 July 1 I Grash 180 MANDET END Marghand Asset Surface

26					EPARTMENT OF				
162	Ю.	03772 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							
V		1)3448			TE OF DEATH		03		
nerol and 2 death.		CEASED-NAME First ype or print) /	Mid	dle	Last	2g. DATE OF DEATH Mont	h Day /Ye	eor_ 2b. HOUR	
funerol T and er deat		41441	E M	1	1EGLEA	MARC	4 18 6	9 7	
the fur	3. SE	EELINIE	4. RACE	)	DATE OF BIRTH	last bii	thday) MONTHS	DAYS HOURS MIN	
2.2	70 F	IRTHPLACE (Stote or foreign	76. CHIZEN OF WHAT COUNTRY	2 8 4450150	11-3-18	9. COUNTY OF DEATH	YRS.		
filled in by papers. P	conc		WSA	WIDOWED	NEVER MARRIED DIVORCED	aural	l	il A	
signed by the ottending physicion ond completely filled buriol-tronsit permit. Then please remove carbon paper buriol, cremation, or removal, and in ony event, within 72	10.	AANCHESTER	11. NAME OF HOSP give street address	ITAL OR INSTITUTION (If not	during m	AL OCCUPATION (Kind of ost of working life, even		IND OF BUSINESS OR STRY	
completely fi	13a.	USUAL RESIDENCE (Where deceo		1 10 00	OWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND	NUMBER 3 400		
remove nony eve		marulum	186. COUNTY	- Cu	more -	Par he	un ar	e	
rem in on	14. F	ATHER'S NAME First	Middle	1	MOTHER'S MAIDEN NAME F	irst	Middle id/	1 F Cost	
icion leose ond i	16a.	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 16b. SOCIAL	SECURITY NO. 17. INF	ORMANT L.	min	Address	0 - 1	
physicion en pleose oval, ond	Y	es, na or unknawn) (If yes give	was as dates of service)	24243 3	Janet "	nagrer.	172/ald	en Rd	
The			nly ane cause per line for (a), (b	), and (c).)	aumore 1	260 217		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	
ottending permit. The ion, or remo		PART 1. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a) Chille	- Vasou	clar acci	cont	1	9 MUN	
the off sit per nation		Conditions, if ony, which gave	DUE TO, OR AS A CONSEO	UENCE OF	: 10.	1	.0	5 M-	
onsil emo		rise to immediate cause (a), stoting the underlying cause	(b)S DUE TO, OR AS A CONSEQ	UENCE OF	get an	and a	Continu	1	
buriol, cremat		last.	(c)		0				
buri		PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART	1(0)	1	
for use os the I	NOL	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	ON WAS DEDECTIMED	20g. AUTOPSY?	Table is Ass miss	E FINDINGS CONSIDERED	D IN CERTIFYING	
e os	CERTIFICATION	THE DATE OF OPERATION 175.	COMMINGRATION WITHOUT OF EXALIN	ON THE PERIORALD	YES NO	CAUSES OF DEAT		y in Certif Tino	
ealtl		210. ACCIDENT WAS UNDERLYI		21c. HOV	V INJURY OCCURRED (Ente	r nature of injury in Part	1 or Port 2, Item 18.)		
of H of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth D iner) P.M.	ay Year 19					
State Dept. of	ME			M. STREET, FACTORY.) 21f. LOCA	ATION Street or R.F.D. No	. City ar Town	County	State	
be d State		22a. I certify that (1) (th	is haspital) attended the	deceased from 1	19, 19.6	0/ , to 3/18	, 1969,	, that (1) (we) la	
the S		saw the deceased o	alive an 3/5 e,(1)(we) (did)(did nat) v		that in (my) (aur) api	inian death accurred	an the date and	haur and fram th	
3 showith		22b. SIGNATURE	14 7000	DEGREE	ATTENDING A	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGN	NED/	
filed		22d. PHYSICIAN'S	11 110009	d 5	22e. ADDRESS	I PHIS.	1 0/10 /	0/	
for FUNEKAL DIKECTOK: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to		NAME (Type)	·It ro Ard	MD.	MANCI	hester,	Md a	21102>	
director, page 3 should should be filed with the	23a.		DATE 23c F	name of cemetery or co	REMATORY etery	23d. LOCATION (City o	imore, Md.	y) (State)	
VRAISIAM	24.	FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATUL		
M REV. LAGO	L	eonard J. Ruck	, inc. Balto.	Md. 21214	DATE MA	R 2 0 1969	Amarca .	10	

